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**IRO REVIEWER REPORT**

**Date:** X

**IRO CASE #** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was X. The diagnosis was X. On X, X underwent X performed by X, DO. X presented to Dr. X on X and reported more than X. However, it was coming back with time. X was pleased with the results and X. Dr. X recommended going X. X was encouraged to continue X. On examination, X had X. On X, X reported that X was able to X. X was taking X. X had X. X also had a X. Treatment to date included X. Per a peer review dated X and utilization review dated X, the request for X was non-certified. Rationale: "X. The available medical records indicate that the patient reports X relief of their pain, subsequent to the X. As the period of time since the most X, medical necessity and compliance with the guidelines are not established. The request is not medically necessary." Per a

utilization review dated X and peer review dated X, the appeal request for X was denied. Rationale: "In this case, the X MRI revealed only X. As imaging does not reveal a problem with the X is not shown to be medically necessary."

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a peer review dated X and utilization review dated X, the request for X was non-certified. Rationale: "X are recommended X. The available medical records indicate that the patient reports X relief of their pain, subsequent to the X. As the period of time since the most X, medical necessity and compliance with the guidelines are not established. The request is not medically necessary." Per a utilization review dated X and peer review dated X, the appeal request for the X was denied. Rationale: "In this case, the X MRI revealed only X. As imaging does not reveal a problem with X is not shown to be medically necessary." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient underwent X. Follow up note dated X indicates that the patient reported more than X improvement of X. X feels it is X. The submitted clinical records fail to document at least X pain relief for at least X weeks as required by the Official Disability Guidelines. The submitted clinical records fail to document X. The note dated X notes only that X is stabilized. There are no objective measures of improvement provided documenting functional gains.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES