

Applied Assessments LLC
An Independent Review Organization
900 Walnut Creek Ste. 100 #277
Mansfield, TX 76063
Phone: (512) 333-2366
Fax: (888) 402-4676
Email: @appliedassessmentstx.com

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 with date of X. X was X. X was X and X. A X was X, indicating X. The diagnosis included X. A X was X. The X. X was seen X, MD on X for a follow-up. X reported X. X had X in the X. X was X. X pain was X. On examination, X. X was seen X. X was X. X revealed X. An MRI of the X revealed X. An X. There was X. There was a X. It was X. Treatment to date included. Per a X by X, MD, the request for X was noncertified. The rationale was as follows: "Peer to peer X. A request is submitted for X. A X indicated that X and X. X, there was documentation of X. It is documented that a X. The submitted X. Specifically, there was X. X, for the X is not established. Recommend noncertification." Per a X dated X MD, the request for X was noncertified. The rationale was as follows: X. The claimant was X. The claimant was X or X. Per note dated X the claimant reports X, which X. The X in X. X with the X. X reveals a X. X which X. X and X. X is not noted. X treatment includes X. X The current request is for X. Peer to peer calls were attempted but a case X. However, X spoke with X, NP and X. Regarding the request for X are not routinely recommended unless there is X," Then X as noted X. (ii) X. The reason for previous

denial noted that the submitted clinical documentation does not provide X. Specifically, there was X. In this case, the claimant was provided a X. I spoke with X, NP, who stated that X. However, the X are not documented. X the medical necessity for repeat X. Recommend non-certification for X.

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. The submitted clinical X. Follow up note dated X. On X is X. The X is not documented. There is X.

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

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL