

**Applied Independent Review**  
**An Independent Review Organization**  
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***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***Description of the service or services in dispute:***

X

***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 and X and X. The diagnosis was X.

Treatment to date included X.

A X identified X and X.

Per the X office visit by Dr. X had X. X had X. Examination showed X. There were X. X was X, but X. X was X.

On X, the request for X and X was non-certified.

Rationale: “The request is for a X. There are X-rays that are X. The X is reportedly X. There was treatment for X, which appears to have X. The X is reportedly X. The reason for the revision is not discussed and there is no X in recent clinical notes that X. There is X provided that would indicate X. Therefore, the request for X is non-certified. Because the X is non-certified, the request for a X. Therefore, the request for X is non-certified.”

On X the appeal request was non-certified. Rationale: “Per the Official Disability Guidelines, "In this case, the claimant has X. X is X. There is documentation of X. There is X and X. There were X. X has been X. Criteria for X have X. The request for an X is not medically necessary. The claimant is not indicated for X. Therefore, this request X is not certified.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

In review of the clinical findings, the claimant had X. The claimant had X. There was X; however, X had X. The X only noted X. There was some X noted but X. X were noted that would reasonably support that the claimant would X. X was included for review. Therefore, it is this reviewer’s opinion that medical necessity for the requests has not been established and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental
- Medicine um knowledgebase AHRQ-Agency for Healthcare
- Research and Quality Guidelines
- DWC-Division of Workers Compensation
- Policies and 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 and

Treatment Guidelines Pressley Reed,



the Medical Disability Advisor



- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters
- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted Medical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)