

## ***Applied Independent Review***

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### ***An Independent Review Organization***

***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 sustained an injury on X. X was using X. The diagnoses were X.

Per X Note dated X presented to the clinic with X. Examination of X. The X was X even after X was applied with X; more X. X was X. X to X with X. X took more X and X in X. Per X would continue to benefit from X to Treatment to date included X.

Per a Utilization Review Determination dated X, the request for X was non-certified. Rationale: "The ODG recommend up to X. In this case, it is not apparent that the patient has X to support X the guideline's recommendation. X should be X. Recommendation is for non-certification."

On X, a reconsideration / appeal of adverse determination indicated that the request for X was non-certified. Rationale: "X of the ODG states

regarding X, "ODG X Guidelines - Allow for X. X may be necessary when X." X generally is recommended in X. In this case, the injured worker has X. In such a situation, a current physician assessment to X appears to be medically necessary. Continued X at this time without such treating physician input would not be medically necessary. Therefore, at this time, the request is given an adverse determination. The original denial is upheld."

***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 Utilization Review Determination dated X, the request for X was non-certified. Rationale: "The ODG recommend X in question. In this case, it is not apparent that the patient has X the guideline's recommendation. X should be X. Recommendation is for non-certification."

On X, a reconsideration / appeal of adverse determination indicated that the request for X was non-certified. Rationale: "X of the ODG states regarding X Guidelines - Allow for X. More visits may be necessary when X." X generally is recommended in X. In this case, the injured worker has X. In such a situation, a current physician assessment to help clarify goals or methods proposed for any X to be medically necessary. Continued X at this time without such treating physician input would not be medically necessary. Therefore, at this time, the request is given an adverse determination. The original denial is upheld." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. The request for X would continue to exceed guideline recommendations. When treatment X the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. The patient has completed sufficient X and should be capable of X. Therefore, the request is not medically necessary and 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 Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)