

**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 was injured when X.

X, MD evaluated X for a X. X reported that X was X. X reported X. X reported that since X X. X reported that X. X was X. X was X. X also reported that X was X. X reported X. X average pain X. X was X. X and X had X. X got X. On examination, X. X revealed X. X and X. X and on the X. X of X revealed X. X was X and X. X was X, but noted a X and X. X had X. X had X. X had X. Although X had X. X also had X. X was X.

Treatment to date consisted of X.

Per a peer review / utilization review dated X, MD denied the requested service of X. Rationale: "The claimant has already exceeded the ODG recommendation for X. The claimant X. At this stage in the clinical course, a X. Therefore, X is not medically necessary."

On X, Dr. X wrote a X reconsideration letter. X had a X. Within the X. Also, during that time X. Since starting at the X had X and X. Despite the X. X was X. X had also X. Besides X and pain X. Despite all the X. X still X. X continued to be a X. X continued to have X. X was X. X had X. The fact that X Medical Doctor had given X the X. Dr. X said with X.

Per a peer review / utilization review dated X, MD denied the requested service of X. Rationale: “Based on the conversation I had with X, the X and the additional medical information received and reviewed, there is still X. The claimant previously had X. At this stage in the clinical course, X. The X supported by the ODG has been exceeded. As such, X are not certified. Therefore, X is not medically necessary.”

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

The ODG X. Based on the clinical documentation provided, the injured X. In the letter of medical necessity from X, the provider clearly states that there have X. They have X. More so, X. As they have X. As they have already exceeded the guideline recommendations, and there were X. Based on the available information, X is not medically necessary; however, X is medically necessary for a X is medically necessary. Therefore, the request is partially overturned.

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 Polices 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)