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**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 injury X. X was a X. X were at a X. Due to the X. The X. X started X. X was diagnosed with a X. X was seen by X, MD on X for X. X had a X. X rated X. X rated X, which X. X rated X. On examination, the X. The X and X. The X. X was X. X with X with X. X showed X. The X was X. X on X with X with X on X. There was X. X in all X. X had X. X showed X. X in X. X had X, X, and X. A X evaluation was performed on X. During the evaluation, X demonstrated X. X was X. According to the results of the evaluation, X. An MRI of the X demonstrated X. X was noted. There was X. X may X. A X with X. An X. The X were X. An MRI of the X demonstrated X. X and X. There was a X. A X and X. A X and X. A X. An MRI of the X, demonstrated X. A X was noted. There was X. X or X was noted. There was X. X noted, X. There was X. X and X were X. X was noted. Treatment to date included X. Per a utilization review by X, the request for X was non-certified. Rationale: "Official Disability Guidelines (ODG) necessitates documentation of X on X, and X. Within the documentation available for review, the patient has X was denied on

X. In addition, there is now documentation of X. As such, the previous adverse determination's concern has been addressed. However, there is a plan for X. As such, there is no clear documentation that the patient has X. Therefore, the request is still not medically necessary and not certified." The request for X was non-certified. Rationale: "Official Disability Guidelines (ODG) necessitates documentation of X. Within the documentation available for review, the patient has X request was denied on X. However, the X MRI showed X. As such, there is no documentation of X of X. In addition, there is a X for the X. As such, there is no clear documentation that the patient has X. Therefore, the request is still not medically necessary and not certified. Per a utilization review by X, DO on X, the request for X was non-certified. Rationale: "On X, the claimant presented to Dr. X with complaints of X. The X revealed X. As such, the medical necessity has not been established. Therefore, the requests for X are not medically necessary."

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

1.) Request for X non-certified. Per ODG, X must be documented. X on examination need to be present. X must be corroborated by X and/or X. Although there is documentation of X was reported. Therefore, documentation of X as required by the ODG, was not satisfied, X is non-certified. 2.) Request for X is non-certified. Per ODG, according to the X is not recommended. They further said that there is a X. X were found between X and X. However, While not recommended, X, the following is required: (2) X to X. There is no clear documentation found reporting that the patient was X. Hence, the request for X is non-certified.

Therefore, the requests are not medically necessary and upheld.

**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