

**Applied Independent Review**

**An Independent Review Organization**

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***Notice of Independent Review Decision***

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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

**Information Provided to the IRO for Review:**

X

**Patient Clinical History (Summary)**

X is a X who was injured on X. X stated X was X when X noticed X. The diagnosis was X, X and X. X, NP / X, DO evaluated X on X for the chief complaint of X. X was status X and X. X stated X got X in X pain, but it X. X stated X pain was X, and X continued to have X into X. X continued on X for X pain. X pain was at a X at the time. X used X. On examination, the X showed X and X. Sensation was X and X. X was X. X showed X with X, X, X and X on the X. X was reviewed. The assessment was X. X was X. It was noted X had been through X and in fact was causing X. X at X was recommended. An X. At X, there was X and X. At X, there was X to the X through X, which X and X the X. This could contribute to X. There was X and X. At X, there was X.

Treatment to date included X, X with X but in fact causing X, and X and X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “The request for X is non-certified. There are X / X submitted for review. Additionally, there is no documentation of ongoing active treatment X to be utilized in X with X. Recommend non-certification.”

Per a utilization review adverse determination letter dated X the request for X was denied by X, DO. Rationale: “The ODG supports repeat X for the treatment of X when an X provides at X for X. The documentation provided indicates that the patient underwent X and X on X which provided X. Symptoms have returned to X. The provider has recommended a X with an X. Given that the X did not provide X for X, the X would not be supported. As such, X is recommended for noncertification.”

**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 adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “The request for X is non-certified. There are no imaging studies / X submitted for review. Additionally, there is no documentation of ongoing active treatment modalities to be utilized in conjunction with X. Recommend non-certification.” Per a utilization review adverse determination letter dated X the request for X was denied by X, DO. Rationale: “The ODG supports repeat X for the X when an initial X provides at least X for X. The documentation provided indicates that the patient underwent a X and X on X which provided X for X. Symptoms have returned to X. The provider has recommended a repeat X with X approach. Given that the X did not provide X, the X would not be supported. As such, X is recommended for noncertification.” 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 underwent X and X on X and reported X, but X reduction in pain only lasted about X. X continues on X for X pain. As noted by a previous

review, there is no X, X or X/X provided to support the request. The request is upheld and not medically necessary.

**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
- Internal 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 descripti