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Notice of Independent Review Decision

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was X on X when X was X. The diagnosis was X. X was seen by X, MD on X for evaluation of X. X reported X. X was X by X and X. The X was described as X, X and X in the X. X had continued to X and had been X. X had X with X and X and X. X was noted to be X. X was noted to be X. Examination of X showed X, X, and X. X to X was noted over the X. The assessment was X of X. X was recommended. X of the X / X was recommended. X was also seen by X, MD on X for X. X was seen by Dr. X of X who felt that X would benefit from X. Because X needed to X and had not been given the opportunity to X with X, the request for X on X was denied. X had been seen and followed in the X on a X in an effort to help X with X. X had X between X and X depending on the X (X versus X). X tried to X utilizing X for X but

began having X in the X, X, and X and X in the X. X had X on X as X had to have X before X went to X. X had X with X. X had X with X or X any X or X. When last seen, X was taken off X because of X in the X associated with X in the X and X from X the X. X was seen X by Dr. X who felt X had exhausted X and had made a good effort to X to current value of X at X and X on the X. X was X, and X had X with X. A request for X had been placed by Dr. X in the X. X had been X as the X would not require X. The X would indicate that X would have X late X or X. X was seen X to discuss the upcoming X, X, and X regarding X. Examination findings showed X was X and X. X had X of the X and X of the X with X. X showed X and X. X previous X were noted and X to X. X had a X at the X. X was X without X. X had X without X. X could not X or X the X utilizing the X. The assessment was X. X was recommended to X until X was X. X of the X demonstrated X with X and X. Treatment to date included X (X, X), X, X with X / X and X. Per a utilization review adverse determination letter dated X by X, MD the request for X was denied. The rationale was as follows: "Per Official Disability Guidelines, X and X Chapter, Online Version (updated X), X for X and X Conditions, "Recommended as indicated below when all reasonable conservative measures have been exhausted, including other less extensive X. ODG Criteria. ODG Indications for X - X: Criteria for X: 1, Conservative Care: X (X and/or X). AND X (unless X: X OR X). (X should be delayed X, preferably X following any X, due to X.) AND documented X with X (X) X. PLUS 2. Subjective Clinical Findings: X. OR X. OR X with conservative care. PLUS 3. Objective Clinical Findings: X (but X is OK for X when X is not an option) AND X, as X poses X. {X is not supported, but may be otherwise indicated for unrelated medical (X of X) X} PLUS 4. X Clinical Findings: X on X OR X." Per Official Disability Guidelines, X and X Chapter, Online Version (updated X), X for X and X Conditions, "Not recommended based on lack of any evidence demonstrating X. X have primarily focused on X and X during X (X). In addition to X, X (X) time has been a well-documented concern, especially considering the X and associated X of most X. The majority of X consider X to be X to the X and therefore not X." Based on the provided documentation, the claimant has been diagnosed with X. An X of the X was performed and revealed X. No evidence of X. The claimant reports X in X after X. The X is X with X and X. The claimant describes the X as X, X, and X in the X. The claimant states that the X continues to X and has been X. Examination of the X revealed X. The X with X is X, X is X, and X is X. There is X to X over the X.

Guidelines require X and X as a X to X. There is evidence that the claimant has tried the following conservative treatment methods such as X, X (X, X, and X), X, and other X (X). However, there is no documentation that the claimant has X. Additionally, X is not recommended based on lack of any evidence demonstrating X. Therefore, medical necessity has not been established. Thus, this is not certified." The request for X was not certified. The rationale given was as follows, "As the requested X is not supported, the associated request is not supported. Therefore, the request is not certified." The request for X was not certified. The rationale, "Per Official Disability Guidelines, X and X Chapter, Online Version (updated X), X (X) for X and X Conditions, "Recommended as indicated below. ODG Criteria. Indications for X -- X (X): - X to the X, X or X injury with X, suspected additional X or X injury - X to the X, X or X injury with either X or X seen on a X, X. [X preferred] - X, X." In this case, there is no documentation of X for the X in the most recent visit. There is no documentation of medical rationale for the request. Thus, this is not certified. Per a Peer review report dated X by X, MD and a reconsideration review adverse determination letter dated X, the request for X was not certified. The rationale given was as follows, "The claimant presents with X after X. The claimant has X, X, X and use of X/X. The claimant returns with X with X and X. X describes the X as X, X and X in the X. X reports X with X secondary to X. With all this, the claimant has exhausted conservative treatments with documented X; however the claimants X is X and per guideline recommendations a X of X or less is needed for X as X poses X. - In addition, guidelines do not support X based on lack of any evidence demonstrating X, and the submitted records do not document any compelling reason to deviate from guideline recommendations." The request for X was non certified. The rationale, "Due to non-certification of the above procedure, X recommend non-certification of the request for X." The request for X was non certified. The rationale given was as follows, "There is no indication as to why X is warranted with no complaints of X or objective findings documenting X from the most recent office visit."

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

The ODG recommends X for the treatment of X after X, X, and documented X if there is a X of X. Guidelines indicate there should be X, X, or X with X, and X, a X, and

X on X. The ODG does not recommend X or X for X for X. The documentation provided indicates that the X which X and X. Treatment has included X, X, X, and X. A recent exam documented X with the use of X, X, and X. An X of the X was performed and revealed X. The provider has recommended X with X and a X of the X and X for X. Given the X, X, X, X, and X, and X, a deviation from the guidelines to allow for progression to X is recommended. The worker has X all conservative treatment. While the worker's X is not X, there has been an adequate attempt at X and there is a X as a result of X that prevents X and X. As such, X is recommended. However, there are no exceptional factors that present the necessity for X.

As such, a X is recommended with certification for X as medical necessity is established and noncertification for X, and X, as medical necessity is not established.

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