

**Applied Independent Review
An Independent Review Organization
P. O. Box 121144
Arlington,
TX 76012
Email: @irosolutions.com**

Ph: (855) 233-
4304
Fx: (817) 349-
2700

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:

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

X who X while a more X. The X.

X was seen by X, on X. X also noted X. X had X. The X. X was X. X had X. There was X or X. The X and X. On X continued to have X. On X to have X. The X that the denial of X. On X presented for X. X what X by Dr. X. That was an X. X reported X. X was X.

On X, DPM examined X for X. X reported X. X were X. On examination, X.

An X showed X.

Treatment to date included X.

Per peer review by X, MD on X, the request for X was noncertified. X: "Per ODG X. The X. X is X. However, the X. According to ODG X, X: Not

recommended due to X. There is X. Overall, this request is not medically necessary.”

Per peer review by X MD on X, the request for X was noncertified. X: “Regarding the request for a X, ODG states that they are only recommended as a X. Guidelines X. If a X, there should be X. Documentation of X. X is not recommended due to a X. Within the documentation available for review, there is documentation of an appeal request for a X. Additionally, there is documentation of a X was non-certified because the X is not recommended due to a X. An appeal dated X that the X. It X. However, the denials concern that guidelines do not support X. Therefore, X is not medically necessary.”

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. X is not recommended as medically necessary and the X. Per peer review by X, MD on X, the request for X was noncertified. X: “Per ODG X, Pain: X: The X and X. The X. X is X. However, the providers requesting X. According to ODG X, X: Not recommended due to X. There is X. Overall, this request is not medically necessary.” Per peer review by X, MD on X, the request for X was noncertified. X “Regarding the request for a X. Guidelines necessitate documentation of evidence that all other X. Documentation of motor and/or X. X is not recommended due to a X. Within the documentation available for review, there is documentation of an appeal request for a X. Additionally, there is documentation of a X which X was non-certified because the X, but the provider was requesting X is not recommended due to a X. An appeal dated X identifies that the X. It X that the X. However, the denials concern that guidelines do not support X has not been addressed. Therefore, X is not medically necessary.” There is insufficient information to support a X are upheld. The records provided document X. The Official Disability Guidelines note that X is not recommended due to X. While this procedure is a X. When X should be noted. There are X documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is 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
- 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 Médical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)