

**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:

X

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

X who was injured on X. X was X. The diagnosis was X.

X showed a X. The X. There also appeared to be X.

On X, examination by X, DC showed X and X. X of the X.

A X was performed on X. X described a X. The overall level of X. The results of X. X reported pain as a X, on a X. X demonstrated X. X demonstrated a X. Overall, X and X.

An updated X was conducted by X, on X. X reported X was X and X. On the X, which was in the X. On the X, which was in the X. On the X scored X. The diagnoses were X and X. It was recommended that X continue with X. X should X.

Treatment to date included X.

A Clinical Peer Review Report dated X, DC. The request for X was non-certified. Rationale: “There is X. With X of X and X the X of the request is not evident. Non-certification is recommended.”

A utilization review dated X indicated that the request for X was non-certified: “

A Clinical Peer Review Report dated X was documented by X, MD. The request for X was non-certified. The X for recommendation was: “The claimant X. The provider X. Recommend non-certification.”

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

In this case the claimant had a X and a X in X that determined X. There is a request for X which was recommended via X in X. However, there is X. Therefore, in this case based on the records sent and reviewed, the requested X is not medically necessary and the request 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)