

**Applied Assessments LLC**  
**An Independent Review Organization**  
**900 Walnut Creek Ste. 100 #277**  
**Mansfield, TX 76063**  
**Phone: (512) 333-2366**  
**Fax: (888) 402-4676**  
**Email: @appliedassessmentstx.com**

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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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was X. The X was X. The diagnosis was X. X, MD evaluated X on X. X continued to X. X with X. X also X. Again, X and X. X was X. On X did have X and a X. X was noted X. X were also noted. X was to X. X in the X. X were noted X. A X was noted X. X was noted X. X revealed X. X was noted X. This was X with a X. X also X. X was X. There was X. X was noted to X. An X dated X. Per the X office visit note, X. X and X were noted. Treatment to date X. Per a utilization review adverse determination letter dated X, the request for X was denied. X: "Regarding the request for X, Official Disability Guidelines recommends X. There should be X. X requires evidence of X. The documentation provided X. The patient had X and X. Given the X. However, as the requested X. As such, the request for X and X is non-

certified. Regarding the request for X. As the requested X. However, as the requested X. As such, the request X is non-certified. Regarding the request for X. However, the request X. As such, the request for X, is non-certified. Conversations between the requesting X. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.” Per the office visit dated X, Dr. X documented X had X and also the X had X. This was a X. X had X. X was X. This included X and X. X then X and X. X had X. X was X. Again, in summary, X at the X. X was X. X was X. X was X. This was documented on X. A X was X. Furthermore X would X. X was X. X had exceeded ODG guidelines at that X. Again, the recommendation was that of X. X would X. This was considered X and medically necessary. They would again appeal to the X for authorization.” Per a utilization review adverse determination letter dated X, the request for X was denied. X: “Regarding the requested X the Official Disability Guidelines indicate that a X. There should be X. The X should be supported by X. For X. There should be X. X should show X and X. The records submitted for review indicated the X. on the X. The patient had X. X had X. The X. X would be X. However, the request was previously denied as the X and X were noted, and the request could not be authorized without a peer-to-peer discussion and agreement. The X remains medically necessary, as does the X. However, a peer-to-peer discussion remains necessary to X. Therefore, the request for X is non-certified. Regarding the requested X. The X. The request was previously denied as the X was not authorized, since X were noted, and the request could not be authorized without a peer-to-peer discussion and agreement. The X remains medically necessary, as X. However, a peer-to-peer discussion remains necessary to X. Therefore, the request for X is non-certified. Regarding the requested X, the Official Disability Guidelines indicate that X is not a recommended treatment as it has not been X. The request was previously denied due to a lack of documentation of the duration, and frequency and modification cannot be made without a peer to peer discussion and agreement. Although the provider X, the provider did not address the prior reasons for denial. The modification cannot be made without a peer-to-peer discussion and agreement. Therefore, the request for X is noncertified. Conversations between the requesting X. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.” Per the office visit note dated X, Dr. X documented that X had been denied on the basis that a peer-to-peer was X. The reviewer stated that the X and the X were medically necessary. The fact was that Dr. X. Therefore the reviewer

denied the X which they felt was medically necessary X that Dr. X was asking for a X. In summary, X at that time, had a X. X was consistent with a X. X was X. This was documented on X. A X was X. Furthermore X. X had X ODG guidelines at that X. At that time, the recommendation was that of an independent review organization (IRO) determination that would agree with the above. Again, the reviewer felt the X was medically necessary along with the X. They were X. X did not ask to X. Therefore, the denial made absolutely no sense.

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

The claimant had been followed for X. The X current X noted X. X was noted X. X were also noted. X was to X and X. X in the X. X were noted in the X. A X was noted also in this X. X was noted at X. X revealed X. Treatment to date had included X. Given the X and the X.

Based on the X, the X and medically necessary. The claimant would require X.

**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