

**Applied Independent Review
An Independent Review Organization**

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Notice of Independent Review Decision

Review Outcome:

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 with date of injury X. The mechanism of injury was noted as X when X. The diagnoses were X in the X, X, X, other X, and X. X included X, X, and X.

Per the progress note by X, DPM dated X, X was seen for ongoing complaints of X. The symptoms X. Upon X of the X and X, there was X and X. There was X and X. Treating provider indicated that X would be required. Per progress

note dated X, X states that the symptoms were at the same level as before on the X. For the X, X reported that the X. X reported that the symptoms were X now. X reported that the X was X. X reported that the X. X reported that nothing seems to relieve the X and that it X. Associated symptoms include X. X reported some X from the X administered at X previous visit. Per progress note dated X, X was seen for ongoing complaints of X. The symptoms X. Upon X of the X and X, there was X and X. X was noted in the general area of the X and X. On the X, X with X, X and X and X. On the X, the pain was X and X.

An X dated X revealed X and X. X, X. X and X. X into the X, which may produce X. X of X would be in keeping with the X. X are otherwise X. 3. X was otherwise X. X and X suggestive of X. 4. X and X. X dated X demonstrated: X and X. X of X. Appearance would be in keeping with the timing of X injury. X were X. X suggestive of X. X or X.

Treatment to date included X.

Per a Notice of Adverse Determination-X dated X, the request for X of X and / or X, X, X was denied. Rationale: “ODG states that X may be performed for X, X. The guidelines recommend X repair when there is evidence of X. X may require X after failure to X. The documentation provided detailed that the patient had X. An X dated X revealed X with X. There was X with a X. Upon examination, there was X with X. However, the imaging did not clearly identify a X that would require the requested X. Therefore, the request would not be warranted. As such, the request for X, X and or X, including X is non-certified. Because an adverse determination for X has been rendered, an adverse determination for any associated X is also rendered.”

On X, per Appeal Request Denial, the appeal for X was denied. Rationale: “ODG states that X may be performed X. The guidelines recommend X. The guidelines recommend X when there is evidence of X. X may require X after failure to treat with X. The documentation provided details that the patient had ongoing complaints of X. An X revealed prominent X, with associated X. Upon examination, there was X. However, the imaging did not clearly identify a X that would require the requested X. Therefore, the request would not be warranted. As such, the request for X with release of X is non-certified. Because an adverse determination for the X has been rendered, an adverse determination for any associated X is also rendered.”

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

The ODG supports an X and X. X is also noted to be a X. The ODG conditionally recommends X after a minimum of X, and X when there is X and X. In this case, the injured worker has been diagnosed with X. The X is consistent with X. There has been reported constant and X. The examination indicates that there is X and X at the X as well as over the X. The X was noted to be X and there were X. While the previous reviewer suggested that there were insufficient X to support X, the documentation indicates that there is significant X that is X. Given the X would be reasonable for definitive treatment; however, there are insufficient objective findings noted to support the request for X. In consideration of the X is medically necessary; however, X is not medically necessary.

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

X

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 description)