

**Applied Assessments LLC**  
***Notice of Independent Review Decision***

Case Number: X

Date of Notice: X

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**Applied Assessments LLC**  
**An Independent Review Organization**  
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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 X suffered an X injury on X. However, the X of the injury were not available. X was diagnosed with X. X was seen on X by X, MD for follow-up of X and X and for X. X started to X once day. X reported X. The X was aggravated by X. Examination findings showed X in the X and X. X examination showed X. There was X of the X. There was X with X to the X and X. There was X in the X. X was X. X was X. The assessment included X, not elsewhere classified, X. Treatment to date included X. Per an adverse determination letter by Dr. X, MD dated X the request for X with X

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between X to X was non certified. Rationale, "The request for X, a X, is not medically necessary. As noted in ODG's X and X Chapter X Chapter, X such as X are not recommended for X purposes, with most guidelines limiting their usage of the same, to no more than X, Here, the, attending provider failed to furnish a clear or compelling rationale for X of X in the face of the unfavorable ODG position on the same, particularly in light of the injured X,: of numerous other X, Therefore, the request is not medically necessary." The request for X of X is non-authorized. Rationale, "The request for X, X, is not medically necessary. The injured worker's X of X in conjunction with X, X, represents a total of X, i.e. X in X of the X equivalents X in ODG. The attending provider failed to furnish a clear or compelling rationale in favor of the decision to employ X so far in excess of X espoused in ODG, which further stipulates that caution should be exercised above X when an individual is X. Here, the injured worker is X numerous X to include X and X. Continued X in these X is not indicated or appropriate. ODG further stipulates in its X Chapter When to Continue X topic that the primary criteria for continuation of X are evidence of X. Here, however, the injured worker remains X. The injured worker has been deemed X. The injured worker is X. Activities to include X. All of the foregoing, X together, argued against the injured worker's having X needed to justify X with X and X." The request for X was non-authorized. Rationale, "The request for X. X, is not medically necessary. The injured worker's X in conjunction with X, X, represents a total of X, i.e. X in ODG. The attending provider failed to furnish a clear or compelling rationale in favor of the decision to employ X so far in X in ODG, which further stipulates that caution should be exercised X when an individual is X other X Here, the injured worker is in fact X to include X and X. Continued X in X is not indicated or appropriate. ODG further stipulates in its X Chapter When To Continue X topic that the primary criteria for X are evidence of X. Here, however, the injured worker remains X. The injured worker has been deemed X. The injured worker is X. Activities to include X. All of the foregoing, X together, argued against the injured worker's having X needed to justify X with X and X." The request for X of X with X was non-authorized. Rationale, "The request for X with X is not medically necessary. The request for X is not medically necessary. As noted in ODG's X Chapter X topic, X or X is not recommended as a

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first-line treatment option and is not recommended in those who are X. Here, as noted previously, the injured worker is X. X of X is not indicated or appropriate in this context. Therefore, the request for X is not medically necessary." Per a reconsideration determination letter by X, DO dated X, the request for X of X with X was non-authorized. The rationale given was as follows, "This request was previously non-authorized on X with the following rationale: "The request for X, a X, is not medically necessary, As noted in ODG's X and X Chapter X Chapter, X such as X are not recommended for X purposes, with most guidelines limiting their X. Here, the attending provider failed to furnish a clear or compelling rationale for X in the face of the unfavorable ODG position on the same, particularly in light of the injured worker's X. Therefore, the request is not medically necessary. There is no additional information provided that would change this determination. This X is contraindicated for the treatment of X and no additional information indicates alternative, covered use. Given the above, the request still does not meet guidelines and the request is non-certified. The requesting provider was notified last month that the injured worker should be X. Given the above, there is no need for additional X." The request for X was non-authorized. The rationale given was as follows, "The request was previously non-authorized on X with the following rationale: "The request for X, X, is not medically necessary. The injured worker's X in conjunction with X, X together, represents a total of X, i.e. X in ODG. The attending provider failed to furnish a clear or compelling rationale in favor of the decision to employ X so far X espoused in ODG, which further stipulates that caution should be exercised above X when an individual is X. Here, the injured worker is in fact X to include X and X. X in these X is not indicated or appropriate. ODG further stipulates in its X Chapter When to Continue X topic that the primary criteria for X are evidence of X. Here, however, the injured worker remains X. The injured worker has been deemed X. The injured worker is X. Activities to include X. All of the foregoing, X together, argued against the injured worker's having X needed to justify continued X. There is no additional information provided that would change this determination. This X was previously non-authorized as it is not advised for X. Furthermore, no X plan is indicated. Given the above, the request still does not meet guidelines and the request is non-authorized." The request for

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X was non-authorized. The rationale given was as follows, "The request was previously non-authorized on X with the following rationale: "The request for X. X, is not medically necessary. The injured worker's X in conjunction with X, X together, represents a total of X, i.e. X in ODG. The attending provider failed to furnish a clear or compelling rationale in favor of the decision to employ X so far in excess of X in ODG, which further stipulates that caution should be exercised above X when an individual is X Here, the injured worker is in fact X to include X and X. Continued X in these X is not indicated or appropriate. ODG further stipulates in its X Chapter When To Continue X topic that the primary criteria for X are evidence of X. Here, however, the injured worker remains X. The injured worker has been deemed X. The injured worker is X. Activities to include X remained X. All of the foregoing, X together, argued against the injured worker's having X needed to justify X with X and X. The request for X, X, is not medically necessary. There is no additional information provided that would change this determination. This X was previously non authorized as it is not advised for X treatment. Given the above, the request still does not meet guidelines and the request is non-certified. The requesting provider was notified X that the injured worker should be X off this X. Given the above, there is no need for additional X." The request for X was non-authorized. The rationale given was as follows, "The request was previously non-authorized on X with the following rationale: The request for X is not medically necessary. The request for X (X) is not medically necessary. As noted in ODG's X Chapter X topic, X or X is not recommended as a first-line treatment option and is not recommended in those who are X. Here, as noted previously, the injured worker is X. X is not indicated or appropriate in this context. Therefore, the request for X is not medically necessary. There is no additional information provided that would change this determination. This X was previously non-authorized as it is not advised for X. Given the above, the request still does not meet guidelines and the request is non-certified. The requesting provider was notified X that the patient should be X this X. Given the above, there is no need for additional X."

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

Requests under review include the following: X On X a peer review report for the requested X were not medically necessary and X was recommended for X. ODG guidelines were used as the reference source for that report. The request for X was non-certified due to lack of support for X of X as well as lack of documented efficacy and the combination with other X. The request for X was non-certified due to the provider failing to document a complete rationale for X and the guidelines not supporting X. X was at X with the X and other X. Furthermore, it was noted that the claimant was X for which X of X was not indicated. The request for X was non-certified, due to the provider failing to document a complete rationale for X and the guidelines not supporting X of this X. X was at X with the combined X and other X. Furthermore, it was noted that the claimant was X for which X of X was not indicated. The request for X was non-certified as it is a X and the guidelines do not support it as a first line treatment and do not recommend X with other X. The claimant was on X and X with the X On X an appeal peer review upheld the previous review, stating that the X of the following X was not medically necessary. The request for X was non-certified due to lack of support for X as well as lack of documented efficacy with X. The request for X was non-certified due to the provider failing to document a complete rationale for X and the guidelines not supporting X. X was at X with the X and other X. Furthermore, it was noted that the claimant was X for which X of X was not indicated. The request for X was non-certified, due to the provider failing to document a complete rationale for X and the guidelines not supporting X of this X. X was at X with the X and other X. Furthermore, it was noted that the claimant was X for which X of X was not indicated. The request for X was non-certified as it is a X and the guidelines do not support it as a first line treatment and do not recommend X with other X. The claimant was on X and X with the combined usage of X

The X of X was inconsistent for X of X and X. The provider has not submitted additional documentation including but not limited to consistent X, to support X. Therefore, it is this reviewer's opinion that medical necessity for this request has

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not been established. The usage of X is not supported and the previous determinations are upheld due to the provider failing to document a complete rationale for X and the guidelines not supporting X of this X. X was at X with the X and other X. Furthermore, it was noted that the claimant was X for which X of X was not indicated. Therefore, it is this reviewer's opinion that medical necessity for this request has not been established. The continued use of X is non-certified, due to the provider failing to document a complete rationale for X and the guidelines not supporting X. X was at X with the X and other X. Furthermore, it was noted that the claimant was X for which X of X was not indicated. Therefore, it is this reviewer's opinion that medical necessity for this request has not been established. The X of for X is non-certified and the previous determinations are upheld; as it is a X and the guidelines do not support it as a first line treatment and do not recommend X with other X. The claimant was on X and X with the X of X Therefore, it is this reviewer's opinion that medical necessity for this request has not been 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

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- 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