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**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:**

X

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who sustained an X on X. A X on X. The diagnoses included X. X was seen by X, MD on X for continued X. X reported X at the X where a X was present. That X was not present before the X. It had X over time. X had X to the X. X tried X with X. X performed X with X. X admitted some benefits with X. The X was described as X. The X was X in the X and X. It was X and X. The X was X. X examination revealed X. X was X and X. There was X along with the X. There was a X and X. Per the note, X were X. X revealed X present to the X, within the X that was X; no X. On X, X complained of X. X continued to have X. X reported X. X revealed a X. But also noted that X. There was X along with the X. X and X were X. Per the note X were X; no X. X revealed X present to the X. On X, X reported X had X as instructed with X. X continued to complain of X. X admitted X. X revealed a X of X. But was also noted that the X was X and X. There was X along with the X. X and X were X. X were not ordered due to X. Per the note, X were X. X revealed X present to the X. A X was performed by an unknown X on X. It was concluded that X did not meet X

reported X occasionally during the X. X was unable to X due to X. X and X were rated as X as indicated by the X remaining X with X response, as well as all X. X were noted in X. The X may benefit from X to X the above X, and better prepare to X to X not tested. An X of the X on X showed a X. An X of the X on the same date demonstrated X around the X; however, that likely related to X and X. X to date included X. Per X by X, MD on X, the request for X. Rationale: "This request is not supported. It is unclear why a request of the X is requested for this X. The official X of the X dated X specifically states that X. Additionally, X have been performed demonstrating any objective evidence of X. There are also no complaints that the X on X is X and it is also not X on X. Furthermore, there are no subjective complaints of any X nor mention of any attempted X which may also be beneficial for X. Accordingly, the X requests are not X." Per X by X, MD on X, the request for X. Rationale: "This X has continued X and there are findings of X as well as X. However, as stated in the previous review, X have been performed indicating X. X of the X also does not indicate any X. As such, the X request is not medically necessary. Furthermore, during the peer discussion with Dr. X the X results were discussed. Subjectively the X is still having X. There is a X. There have been no X, it was stated. The guidelines were discussed. Treating provider acknowledged X does not show a X. There were no X. The treating provider understands the guidelines. The request is not approved."

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

The X recommends X for X when there is a X. The X does not address general X. Medical literature supports X for X. The documentation provided indicates that the X reports ongoing X. A X of the X documented X. X were noted to be X. An X of the X noted and X. The provider has recommended a X. Based upon the documentation provided, X would be supported as there is documentation of X. As such, X of X with X, as X is supported as medically necessary.

**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