

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

**Applied Resolutions LLC**  
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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 a X who sustained a work-related injury on X. The diagnoses included X. On X, X, X evaluated X for a X of X. X presented for a X visit and follow-up on X, and discuss X. X felt X had a X, greater than X for X with X and they tried to schedule a X but was denied by Workers' Compensation. X, MD offered an X. X was not X at the time. X felt X was X and X. X had to X due to X and X. X did show X. X stated that X was noticing X was X than the X and this was concerning to X. X was X with time and X had X and X. X had a X of X with X and X. The pain was associated with X. In X, X had a X. After the X, X was X. X also reported a X. X managed X pain with X. X had X. X had X. X had no X. X was X and X. X had X despite the X and X and it was X and was X. Over the past X, X had suffered X. On examination, X was X. X was X due to pain. X had X. X showed a X. X had X. The X of the X was X with X.

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The X which caused X. X had X. X had X. X had X. X was X in the X. On X, X was evaluated by X, MD for X. On examination, X was X. X was X. X had X. X showed a X. X had X. X had pain with X. X had X. X caused X. X had X. X had X. X were X. X had X. X had X. X had X. X was X. Per the note, an X of the X dated X revealed X. At the X, there were X. At the X, there were prior X with X. The X terminated at the X and X showed a X. Per the note, a X dated X revealed X. Per an X dated X, X spoke with X regarding X for X whose last X was in X. It was explained that X had X. X thought that X should at least try X to see if X and X could help improve X. The doctor said X would see what X could do. It was doubted that they had a better than X that X would respond to X given X being X and having X at that time. Per an X on X, Dr. X had a peer review with Dr. X. X was wanting to know about X rather than X or looked at the previous note which due to addresses X. Dr. X was requesting X. It was explained that X had pain with X but X also had X. X then asked about X and X was told that authorization was pending. X would get back to them about X. So once again the authorization was for X. Treatment to date consisted of X. Per utilization review by X, MD on X, the request for one X was non-certified. Rationale: "Per ODG, " X." In addition, per ODG, X to support an exception to the guidelines.

Therefore, the request for X is not medically necessary." Per utilization review by X, MD on X, the request for X was non-certified. Rationale: "Reconsideration for X Based on the clinical information provided, the Reconsideration for X is not recommended as medically necessary, Current evidence-based guidelines note that X are recommended in the absence of X, The submitted clinical records indicate that the patient's pain is X, It is unclear if there is any recent or X, Therefore, medical necessity is not established in accordance with current evidence-based guidelines."

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

The records were reviewed. The claimant has a history of X. ODG does not recommend X. There are no documented X to support an exception to the guidelines. X would agree with the previous recommendations noting X are not recommended in the setting of X.

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Medical necessity is not established for the request- reconsideration for 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