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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 was injured on X. The X occurred due to X. The injury was X related. X stated X was X. The diagnosis was X. X was seen by X on X for a follow-up visit. X presented for evaluation of X and X. X had been having X since X when X. This was a X patient. X was placed on X at X previous appointment. The character / nature of X was X that was X with some associated X. The X was primarily over the X of the X. X also had X down into the X. X worsened with X. X improved with X in X. X was doing X. X had X and X. On examination, there was X on the X from a previous X. There were X at the X on the X. The X was X. The X was X. X revealed X with X on X. There was X and X over the X with X. X and X were X. X was administered X. The assessment was X. X had a previous X that occurred X with X on the X. X stated that this appeared to be X with X of the X and X. Due to these X findings. X stated that X thought the most appropriate X on the X was X which would consist

of X versus X depending on X findings. In addition, X thought X should undergo X on the X. On X, X underwent X and X of the X by X. The X and X diagnosis was X. X was evaluated by X on X for a X. X examination was X. X was X. X was recommended to continue X as needed. X was advised current X and guidelines per protocol. X would discontinue X use in X. X would transition to X of the X at that time. X would avoid X on X. X was recommended a referral to X for X for X. An X of the X dated X revealed X. An X of the X dated X revealed X. An X of the X dated X revealed X present in the X. An X of the X dated X revealed X. An X of the X dated X revealed X. An X of the X dated X revealed X. An X of the X dated X revealed the X was X. There was X without a X or X. There might be X. There was X. There was X. An X of the X dated X revealed X of the X and part of the X. Both X were X. The X was X. There was X. There was X. An X note dated X underwent X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, the request for X was denied. Rationale: "This request is not certified. The guidelines do not support X. There has also not been any X indicating any X to X. Furthermore, guidelines only recommend potential X for either X or X if there has been participation in X and there has been none. Accordingly, this request for X and X is not certified." Per a reconsideration review adverse determination letter dated X, the request for X was denied. Rationale "Guidelines only recommend a potential X or X If there has been a X to include X. No X treatment has been provided for this injured employee's X. Additionally, the use of X is not supported by guidelines as literature studies have not demonstrated any significant objective X with this procedure. It is also unclear why X is requested. There are true studies that indicate that such a procedure is indicated to assist with X however physical examination reveals X. Accordingly, this request for X is not certified."

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

The ODG supports X and X when history, physical exam, and imaging are indicative of X or X and there has been a X of X of X. The ODG supports X after a X of X of X for X unless earlier X criteria are met. The ODG does not support X during X. The ODG does not address X. Current medical literature supports X for the treatment of X after a X. The documentation provided indicates that the patient presented with X and an exam documented X. An X of the X documented X and X.

The provider recommended X. No X was X and X for the X. An X note dated X underwent X. Based upon the documentation provided, X would not be supported as there was no documentation of a X and no indication the procedure was completed. X would not be supported during X of the X and there is no indication this was completed. There is no documentation of a X to support X or X. There is no documentation of a X of X of X to support X or certification for X.

As such, X is not 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