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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 who was injured on X. X was X at X. They were asked to X. However, above that, X. X was told by X. However, they X. Somebody above X. Co-workers told X that X and X. X tried to X. X did X. The diagnosis was X. On X, X was seen by X, DO, for a follow-up visit. X had continued with X. X had X. Once again, X. Dr. X noted that this was X. X had X. As a result, X. X intake X showed X. X was taking X. This was X. X was suggested. An X of the X dated X revealed X. At the level of X. At the level of X. Per a peer review dated X by X, MD, the request for X. Rationale: "Per the guidelines, X. In this injured worker with X. Therefore, the requested X." Per a utilization review adverse determination letter dated X, the request for X: "There are X. The request is X. Therefore, the requested X." Per a reconsideration review

adverse determination letter dated X, the appeal request for X: “On X, the injured worker reported X. The X, with X. Pertinent medications include X was noted. X is considered as an adjunct, X. No other X is noted to X. The request is X. Therefore, the requested X.”

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

Based on review of the submitted information, the requested X treatments the claimant has been provided. Per the X exam, X. The X have mostly X. The exam findings appear to be more X. While primary treatment should be X. Therefore, the request 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