

Applied Assessments LLC
An Independent Review Organization
900 Walnut Creek Ste. 100 #277
Mansfield, TX 76063
Phone: (512) 333-2366
Fax: (888) 402-4676
Email: @appliedassessmentstx.com

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 with a date of injury X. X was X. X was X. The diagnosis was X. X was seen by X from X through X. On X, X presented for a X and X. X continued to have X. X was started on X. X would like to repeat X as the X in X provided X. X requested a X as it provided X. X stated that the X. The X was described as X. The X was X during the X. The symptoms were X. They were made better by X. Examination of the X revealed X. X was noted. X was X with X. X and X were X. The X was X to both sides. There was X over the X. X was noted. On X, X continued to have X. X continued with a X when X and would like to discuss treatment options. The X was rated at X with the X, and X. An appeal was submitted for X. On X, X presented for

continued symptoms. X stated that the workers' comp had X. X preferred X since X had X with procedures in general. X requested X as it provided somewhat X. The assessment included X. Treatment plan was continued. An X dated X revealed X. An X dated X revealed findings consistent with X. The X could not be excluded. Treatment to date included X. Per a Utilization Review decision letter dated X, the request for X was denied by X. Rationale: "The X has undergone a X. However, there is no clear documentation of X. In addition, X is not generally recommended. Therefore, the request for X is not medically necessary. Per an Adverse Determination letter dated X, the prior denial was upheld by X. Rationale: "Within the medical information available for review, there is documentation of subjective findings (X), objective findings X. Current diagnoses include X. However, there is no documentation of a rationale for the use of X. Given an inability to have a discussion with the requesting provider, to agree to a modification, the currently requested X is not shown to be medically necessary and is non-certified".

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

The request for X was reviewed. The records note self-reported symptoms of X with findings of X. Current diagnoses include X. A X did provide X and X; however, the treating provider does not provide clear rationale for the use of X. Given the medical records presented, the current request for 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