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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 who was injured on X. X sustained a X while X. The diagnoses X.

On X, X was seen by X for further care of X. On the day, X reported more than X. X still had some X. X had X. As a result, X was recommended a X. X had already X. X refilled X. X was X. X was arranged and X.

X was seen by X on X. X was eagerly waiting to go ahead with X. Unfortunately, the peer physician who reviewed X case X. X continued to have X. However, clinically X suffered from X. X was consistent with it. X had X. As a result, X was recommended institution of care at the X. Due to X. At the time, X was only using X. X was taking X.

An X dated X, revealed X. There was X. A X was noted. X was noted, at X was noted, the X.X. There was a X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "This is non-authorized. The request for X. ODG discusses X. At this time, the medical records document X. Thus, a rationale or indication for a X. Moreover, the guidelines generally do not recommend X."

Per a utilization review adverse determination letter dated X by X, MD the appeal request for X. Rationale "This is non-authorized. The request for X. The X. The records provided indicate that an X. The X. As there is no evidence provided demonstrating that the response to the X."

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

Based on the clinical information provided, the request for X. There is sufficient information to support a change X. On X the claimant reported more than X. X had nearly completely resolved. X still had some X. X had already X. A X was recommended but was X. On X, the notes indicate the claimant was X. At the time, X continuing to only using X. Per Official Disability Guidelines, X. The exam notes reflect X. Therefore, medical necessity is established in accordance with current evidence based guidelines.

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