Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (817) 405-3524
Fax: (888) 567-5355
Email: x@appliedresolutionstx.com

Notice of Independent Review Decision

Amendment 05/05/2022

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. After X got to the X. X was unable to X. When X finally X. The diagnosis was X.

On X, X was evaluated by X for X. On X, X was X. After X. X was unable to X. When X finally X. There was X. The pain was X. The pain was X. There was X. The X pain was X. X had previous X. X never had an X. X did X. The X. X performed X. X was never X. X symptoms remained X. X was still X. X rated pain at X and was X. On examination, X. X at active X. X test was X. There was pain with X. The assessment included X. X had X to X. The plan was to proceed with X. Informed consent was obtained and X. X, X was planned.

X was seen by X, on X for X. X was scheduled for X which was X. X had done X and was in X. X had X. X reported the X was making X pain X. X continued to in X. X

continued to have severe pain in the X. X was unable to. The assessment was X. X was recommended to continue X. The case would be appealed X.

On X, X was seen by X for X. X had stopped X as it was making X. X continued to be in X. X continued to have severe pain in the X. The X was X. X was unable to perform duties of X. On examination, X demonstrated X in the X. The X. X. X test was X. There was pain with X. The assessment was X. X was received by the X. However, X. An appeal would be X.

An X dated X revealed X.

An X dated X showed X. X. The X was intact. Slight X was noted.

An X of the X dated X demonstrated X.

An X dated X revealed X. No X was seen otherwise. The X was intact. There was X.

Treatment to date included X.

Per A X, the request for X. Rationale: "This X is X. The Official Disability Guidelines only supports X. X does X. It is unclear if there has been treated with X. Considering these X."

Per a X review dated X, the request for X. Rationale: "The Official Disability Guidelines recommend X. Symptoms and / or activity limitations should be significant enough to justify X. X examination findings should indicate a X. A previous request for X. The records indicate X has participated in X and tried a X. However, these treatments have X. In addition, the X, As such, the request for X."

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

The Official Disability Guidelines support X. The guidelines indicate that a X. In this circumstance, the worker presents X. X made symptoms worse. Additional treatment has included X. On examination of the X there was X. An X of the X. An

X documented a X. The treating provider has requested X. When noting that there is X. The worker's history, X has been X. While there is, and the Official Disability Guidelines indicates that only X. As such, 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