

**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 who was injured on X. X was X. When X went to X. The diagnosis was X. X was seen by X, MD on X for a follow-up. X was last seen on X for a X. X reported X. The X of the X. X in X was noted. The X was X. X helped X. X was X. X noticed X with X and X. Examination revealed X. Examination of the X. X was noted. There was X. There was X. Per Dr. X, X had X. That X. A X with a X. X would be X. An X of the X dated X demonstrated X. Superimposed X was noted. The X was X. There was X. There was X. Per an office note dated X by Dr. X, an X showed X. X was noted in the X. X noted X were noted in the X. X were noted. Treatment to date included X. Per a Peer Review dated X by X, MD, the requests for X: 1;X: 1; and X: 1 X. The rationale was as follows: "The principal reason(s) for X: The patient's injury is X. The clinical basis for X: The Official Disability Guidelines require X. According to the evidence-based guidelines,X: 1)X; 2) X of X; and 3 X on X examination (X), or documentation on X of injury that is appropriate for X. In

this case, X on X revealed X. The patient reports continued symptoms of X. X has noticed X. X still needs the X. Exam shows an X There is X. X is additionally noted. There is also X. However, the patient's injury is X. During the X, X additional information obtained. Given this information, the medical necessity of the requested X. X of at X. Therefore, my recommendation is to X: 1,X: 1, and X: 1."Per a Peer Review dated X by X, MD, the appeal requests for X: 1;X: 1; and X: 1 were X. The rationale was as follows: "The patient's injury is X. The clinical basis for X: The Official Disability Guidelines require X. According to the evidence-based guidelines,X: 1)X; 2)X. In this case, peer review on X the requests for X: 1,X: 1, and X: 1. X had been requested. X on X revealed X. The patient reported X. X had noticed X. X still X. Exam showed an X. X was additionally noted, as well as X. However, the patient's injury was X. During the X, X information was X. The reviewer advised that X. Currently, the requesting provider is X. X adds that while X. X for X is X. X usually occurs in X. The patient has done that. X usually signifies X. Treatment for that is s X. X to treat this injury in a timely manner leads to X. This creates a X. The provider asserts that X. However, it remains relevant X. This X noted. X of the X on X revealed X. Only X were noted. The study also showed X. All of these X. Given the contents of this discussion, the medical necessity of X. Therefore, my recommendation is to X. Per a letter dated X by X, MD, X had been X patient since X. X was initially treated for X. On X, X had sustained a X. X had a sudden X. X included an X. The request was to perform X. Dr. X spoke with Dr. X and went over the X. There was X. Dr. X stated X was satisfied. Reading X denial, Dr. X was sure Dr. X had X. Using criteria for X. While X. X for X. Resolution of symptoms usually occurred in X. X had done that. X usually signified X. Treatment for that was X. X to treat the injury in a timely manner X. That created a X. That avenue of X. Dr. X suggested the request for X.I agree Dr X assessment. X information has been X. It remains relevant that the ODG requires X. This has X noted. X on X revealed X. Only X were noted. The study also showed X. All of these X

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

X agree Dr X assessment. X information has been provided X. It remains relevant that the ODG requires X. This has X noted. X on X revealed X. Only X were noted. The study also showed X. All of these X.X: 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