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: @appliedresolutionstx.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 who sustained an injury on X. The X. The diagnoses included X. X was seen by X, MD on X for a follow-up. X. X, the pain was rated X. There was X. Overall, X was X. X was X. X stated that because of the X. X. On examination, X did not describe any X. An X of the X dated X revealed that at X. Treatment to date included X. Per Adverse Determination Letter by X, MD on X, the request for X. Rationale: "Request received from X, MD for X. The records were reviewed, and a X. According to the ODG,X: At the time of X. A X is X. Approval of a X. There should be X. This recommendation only applies to the X. In this case the patient reportedly X. It was unclear if the X. This makes X. "Per Adverse Determination Letter by X, MD on X, the request for X. Rationale: "Per ODG X." "In this case, the patient is a X who sustained an injury on X. The X. On X, the patient X. X, the X. There is X. Regarding this request, an X. The X. Furthermore, the X. As such, the X." The request for X. Per Adverse Determination Letter by X, MD on X, the request for X. Rationale: "Request received from X, MD for X. The records were

reviewed and a X. According to the ODG,X: At the time of X. A X. Approval of a X. There should be an X. This recommendation X. In this case the patient reportedly X. It was X. This makes it X." Per Adverse Determination Letter by X, MD on X, the request for X. Rationale: "Per ODG X. Patient criteria for X." "In this case, the patient is a X who sustained an injury on X. The X. On X, the patient X. X, the X. There is X. Regarding this request, an X. The X. Furthermore, the X. As such, the X." There is X. The X." It is reported that X. The X. The X. There is X. Therefore, X. The requested X.

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

The request for X. Per Adverse Determination Letter by X, MD on X, the request for X. Rationale: "Request received from X, MD for X. The records were X. According to the ODG,X: At the time of X. A X. Approval of a X. There should be X. This recommendation only X. In this case the patient X. It was unclear if the X. This makes it X." Per Adverse Determination Letter by X, MD on X, the request for X. Rationale: "Per ODG X." "In this case, the patient is a X who sustained an injury on X. The X. On X, the patient X. X. There is X. Regarding this request, an X. The X. Furthermore, the X. As such, the X." There is X. The office visit note submitted for review states, "X." It is reported that on exam X is X. The only note X. The X. There is X. Therefore, X. The requested 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