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***Notice of Independent Review Decision***  
***Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment X

**IRO CASE #:** X

**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:

- Overturned                      Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                                      Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was a X. During some X. The diagnosis was lumbar radiculopathy. On X, X was seen by X, MD for a follow-up visit. X stated that X continued to have severe right-sided back pain wrapping around to the right groin, right testicle, right front thigh to the right knee. On examination, X could walk straight. X seemed to lean a little bit to the left side. In the sitting position, X could look up and down. The upper extremities showed no weakness, no abnormal reflex. In the sitting position, straight leg raise was negative on the left side, and on the right side, it did produce more pain down X right leg. Right knee reflex was absent versus 2 on the left. There was no clear weakness over X right anterior tibialis. There was no clear weakness of X right knee. It was noted that X had no improvement. X had been suffering for a good X months plus, at that time. X had X. X had X. Surgery was the best option for X; it would be a X. On X, underwent psychological evaluation by X, PhD. X was referred for this to assess psychological risk factors potentially affecting a X. It was noted that from a psychological and behavioral perspective, X presented with minimal psychological risk factors and was cleared to proceed with X. There were no indications of any severe psychological risk factors such as X. X presented with minimal-to-no psychological symptoms, which was consistent with X overall life functioning in ongoing circumstances. One test revealed some tendency to present X as more well-adjusted than most people, but this appeared consistent with X history and functioning. The other personality test reflected average reports of X. X had average level of X. There was no evidence of X. One test did reveal that X expressed X. One test did reveal some evidence for X. X did indicate that X was a highly active and driven person, so X would need clear instructions on what X could or could not do safely post-operatively. X had a good understanding of the X. X knew that X would have additional X. It was noted that X was clear to proceed with X. The fact that X did not appear to X. X also indicated that X tended not to be X. The importance of adhering to treatment recommendations, both limitations as X. X did acknowledge that X was a very active person, and X needed

to have clear information about what X could and could not do safely, whether it was painful or not. Also, there was no need for X. If X did have difficulty with pain control going forward, a few sessions of X. There was no need for X. An MRI of the lumbar spine dated X. At the X. There were X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The ODG by X. The ODG by MCG Criteria: The ODG by: I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. The patient is a X who sustained an injury on X. The cited guidelines support the request after X. The requested X is denied. "Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Per the Official Disability Guidelines (ODG by MCG) X is conditionally recommended as indicated by the guidelines. In this case, the claimant presented clinical findings of radiculopathy corroborated with imaging findings. However, it does not seem that the claimant had X. Furthermore, there is no documentation of a X. As such, the request for APPEAL: X is non-certified. "Based on the submitted medical records, the requested surgical procedure is not medically necessary. The medical records do not demonstrate a X. The medical records do not demonstrate that the patient has X. In addition, the medical records do not demonstrate that the patient has a X. X as requested by X, M.D. at X is not medically necessary and non certified

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

Based on the submitted medical records, the requested X is not medically necessary. The medical records do not demonstrate a X. The medical records do not demonstrate that the patient has X. In addition, the medical records do not demonstrate that the patient has a X as requested by X, M.D. at X is not medically necessary and non certified

Upheld

**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