

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

**Applied Resolutions LLC**  
**An Independent Review Organization**  
**1301 E. Debbie Ln. Ste. 102 #790**  
**Mansfield, TX 76063**  
**Phone: (817) 405-3524**  
**Fax: (888) 567-5355**  
**Email: @appliedresolutionstx.com**

***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: 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:

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

Overturned      Disagree

Partially Overturned    Agree in part/Disagree in part

Upheld                  Agree

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

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

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured at work on X. The mechanism of injury was not provided in the given medical records. The diagnoses were chronic pain syndrome, fusion of lumbar spine, post laminectomy syndrome, left upper quadrant abdominal tenderness leg pain, left paresthesia of skin, neuralgia and neuritis, unspecified and lesion of femoral nerve, left lower limb.

X underwent a Behavioral Assessment on X, by X, LCSW, to determine, within the limits of psychological certainty whether X was comfortable with X decision to proceed with the X; whether X was prepared for the changes in lifestyle the X would impose; whether X had reliable intimate relationships, supportive family dynamics and committed postoperative support following the procedure; and whether X had sufficient information on which to base informed consent. X presented with the chief complaint of chronic pain. X reported that at the time, X had been unable to work for the past X months due to X. The onset of pain was X. The pain was increasing with any movement, bending, standing, lifting the leg, and pain was decreased with lying back, heat, ice,

## **Applied Resolutions LLC**

### ***Notice of Independent Review Decision***

and lying down. The pain site was lower abdomen, groin area, inner and upper thigh, and testicle. X had lower back fusion in X. X reported minimal relief from this procedure. X had surgery of X in X. X did report sleep disturbances due to pain. X reported average short / long term memory. The mood was pleasant but because X wanted to be active and have X brain stimulated and begin working again. X reported stresses of pain and being off work. X denied any past or present trauma, physical abuse, sexual abuse, or emotional abuse. X reported personal history of mental illness. X sought outpatient from primary MD, about anxiety about X years ago, treated with medication, was diagnosed with ADD (attention deficit disorder), and prescribed X but did not like the side effects. X denied suicidal ideation or any past inpatient treatment. On the NIDA screen, X reported no to use of any substances or prescription drug use for nonmedical reasons, which reinforced abstinence. There were no known addictions reported. The chronic pain assessment questionnaire included the two parts of chronic pain that changed over time, persistent baseline pain and breakthrough pain. X rated the baseline pain as moderate X. X reported X had pain in the lower abdomen, groin area, inner and upper thigh, and testicle. The pain was burning, itchy and pinching. X rated their breakthrough pain as severe as X. X reported X had pain in lower abdomen, groin area, inner and upper thigh and testicle. It was stabbing in nature. The PHQ-9 score was X which indicated the level of X depression severity, it was mild. The depression, anxiety and stress scale (DASS-21) score was X on the depression scale, this

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

was in the normal range. X scored a zero on the anxiety scale. This was in the normal range. X scored a X on the stress scale. This was in the normal range. The pain catastrophizing scale score was X, which did not indicate a clinically relevant level of catastrophizing. X wished to proceed with the procedure. The recommendations were that X mental health history suggested X was X.

On X, X was seen by X, MD, for regarding X. X presented to establish care. X was referred by Dr. X. X had history of X with Dr. X. X also reported X. X stated that after X, X began to experience left groin pain with radiation into X left thigh as they “cut the nerves.” X described X pain as burning, firey, stabbing pain. X also reported low back pain with radiation into X posterior extremity and toes. X felt like X toes were popping. X reported associated weakness into X left lower extremity (LLE). X had not completed physical therapy (PT). X stated X was referred to another provider which did not help with the pain. X injection was around X. X stated that X was then evaluated by a neurologist. X had X with Dr. X on X with initially X relief of symptoms and significant improvement of activities of daily living (ADLs), but on the day, X noted about X relief of pain. X had attempted X,. X rated the pain X. On examination, weight was 190 pounds, body mass index (BMI) 25.06 kg/m<sup>2</sup>. X was in no acute distress. Neurological examination revealed X. The left lower extremity pain was increased with examination. The strength at left hip flexion, left

## Applied Resolutions LLC

### *Notice of Independent Review Decision*

knee flexion and extension, plantarflexion and dorsiflexion was X. The right lower extremity strength (RLE) was X. Sensory examination showed X. Tremors were absent. Gait and station was within normal limits. The treatment plan included X. On X, X was seen by X, MD, for follow-up visit for abdominal pain / pain in the left lower quadrant. The pain began on X. X suffered from abdominal pain. X reported that X pain was brought upon by a X. Thus far, X had X. Due to the progressive pain, X had difficulty with ambulation and completing several activities of daily living. At the time, X presented with continued pain symptoms. X reported the X was denied due to the wording on their operative note. At the time, X would like to discuss the next step in X treatment plan. The pain was burning, sharp, penetrating, tender and unbearable in nature. The pain was aggravated by cough, lifting, physical activity, sitting, standing, and walking. The pain interfered with enjoyment of life, general activities, mood, and normal work. At the time, X rated pain X and maximum pain as X. On examination, blood pressure was 126/85 mmHg, weight was 191 pounds, body mass index (BMI) 25.06 kg/m<sup>2</sup>. X was in no acute distress. Lower back examination revealed tenderness with bilateral musculature involvement. Range of motion was normal. Stability was normal. Radiation of pain and sensory exam revealed hyperalgesia. Genitofemoral and ilioinguinal dermatome were affected on the left. No rebound tenderness was reported. Motor examination was normal. Dr. X would resend the referral to Dr. X to resubmit or submit as appeal for X.

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X, was denied. Rationale: “As per the guidelines, a X may be indicated for individuals in which a trial was completed with X improvement in pain and function. It is not clear the claimant had X improvement in the groin/anterior thigh pain with the X. On X, when the claimant was seen for a behavioral health evaluation, the claimant had complaints of lower abdomen, groin, thigh and testicular pain. There was no mention of back or left leg pain. On X, when the claimant was seen by Dr. X regarding the X, it was noted the program to capture the groin and testicular pain provided anywhere from X-likely X reduction. There is no documentation of X or greater pain relief. Regarding the back and posterior left leg pain, Dr. X noted at various times the claimant had X relief of the leg pain with one program. Based on the available documentation, it is not clear as to the duration or frequency of these various times, therefore, it is not supported the claimant had X or more improvement in pain and function. Dr. X stated the claimant had X reduction in the left groin, thigh, low back and left leg pain which as noted above differs from the response noted by Dr. X. Called Dr. X at X. Also, as per the guidelines, an LSO may be recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a

## Applied Resolutions LLC

### *Notice of Independent Review Decision*

conservative option), but the claimant does not have any of these conditions. Because an adverse determination for surgery has been rendered, an adverse determination for any associated pre-operative clearance is also rendered. The requested X, is not medically necessary. Because the X is not medically necessary, the assistant surgeon X are not medically necessary. Recommend noncertification.”

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X, was denied. Rationale: “The Official Disability Guidelines conditionally recommends X. X may be indicated when the patient has chronic pain due to complex regional pain syndrome (CRPS), failed back surgery syndrome (FBSS) with persistent leg pain, neuropathic pain of lower extremity in post spinal surgery patient. The patient had a psychological evaluation with psychological testing and substance disorder screening. There was a lack of improvement with conservative therapy for more than X months, including cognitive behavioral therapy (CBT) or psychotherapy, pharmacotherapy, and physical therapy. The X was completed with more than X improvement in pain and function. For further clarification on improvement of activities of daily living (ADLs) and quality of life (QOL) during the trial, the claimant was able to perform the following activities while on X due to functional improvement from pain relief, walk up to one mile, complete household chores such as laundry and dish washing, go up and

## Applied Resolutions LLC

### *Notice of Independent Review Decision*

down stairs, complete more extensive strengthening exercises. According to the cited article, X, although more invasive than percutaneous placement, yields significantly better clinical results in claimant with failed back surgery syndrome at a mean X year follow-up. The request is not supported. The claimant had pain in multiple body parts. Based on the provided documentation, the claimant had X or more improvement in pain with the X, there is no documentation of objective functional improvement, or pain medication reduction from the same. As such, the request is not certified. A phone conversation was held with X, MD at X. Per our discussion, additional supporting records would be faxed for review. An additional X pages of records were received for review that included the previously reviewed clinical report dated X. The report did contain an addendum dated X which noted the claimant was able to walk up to one mile during the X. Medications were not discussed. The determination remains unchanged. Therefore, the request for X is non-certified. The Official Disability Guidelines states a surgical assistant is conditionally recommended as an option for more complex surgical procedures, following appropriate coding and billing procedures. The request is not supported. In this case, the need for the requested surgical intervention is not warranted. Therefore, the request for an X is non-certified.”

There is no documentation of objective functional improvement, or pain medication reduction from the same. Therefore, the requested x is not medically necessary, the X are not medically

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

necessary and non-certified

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

There is no documentation of objective functional improvement, or pain medication reduction from the same. Therefore, the requested X are not medically necessary and non-certified  
Upheld

**Applied Resolutions LLC**  
***Notice of Independent Review Decision***

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

## Applied Resolutions LLC

### *Notice of Independent Review Decision*

AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE