

**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***  
***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 at work on X. The diagnoses were chronic back pain syndrome with lumbar disc protrusion and right lumbar radiculopathy and secondary severe myofascial pain syndrome.

On X, X was evaluated by X, PhD, via psychological telehealth evaluation for X ongoing complaints. X was referred by, Dr. X for a X. That day, one time only evaluation was conducted using Telehealth. X presented with a history of gradually worsening low back pain which radiated into X right buttock and left leg. X reportedly developed problem, with X low back, neck, upper back, and head from a work-related injury that occurred on X. X also hit X head and developed a postconcussive syndrome. X had ongoing headaches from the concussion. X had not had any surgery on X low back, and surgery had not been recommended. Conservative treatment for X pain had consisted of X. X had been taking X and noted that this medication continued to help some. X pain had continued to worsen, and X had been unable to return to work since the accident. X chronic pain also significantly limited X home and family life. X had recently been recommended for consideration of X. X had been walking without assistance, but walking distances were limited by X back pain. X had been less able to do X usual chores at home because of X increasing pain. X was dependent in self-care and continued to drive some. X also mentioned that X pain often interrupted X sleeping. X presented with evidence of reactive depression associated with chronic pain limitations. X interests and enjoyment had remained normal for X, activities had become increasingly limited because of X chronic pain. X limitations and being unable to return to work, had affected X self-esteem. X admitted to being prone to worry and feel anxious on occasion, but denied having any panic attacks. X expressed a fear of not becoming better due to X injuries. X also admitted to being somewhat obsessive compulsive about cleanliness and organization, but had become more flexible with X expectations because of X chronic pain. X pain caused X to be irritable at times. X described X as being generally optimistic. Energy level had been fair and X tired more easily. Coping

resources for emotional stresses included the support from family, resting and distraction. The mental status examination revealed mood was cautiously hopeful and affect was congruent to mood. X did not demonstrate any problem with recall, attention, or concentration. Thought processes were well organized. Thought content was hopeful. Intelligence was estimated to be average. Insight and judgment were good. It was noted that conservative treatment for X pain, had become less effective over time. A X would be a good option for X. They talked about X. X expressed reasonable expectations and understanding, X also appeared motivated to do X part to improve. X completed psychological testing. These findings were essentially consistent with X interview presentation with the exception of X indicating the presence of more anxiety than X admitted during the interview. X did admit to being depressed, and it appeared that X was managing X depression reasonably well at the time. The X had remained a good option for X as X had exhausted all other treatment for X pain. On X, X was seen by X, DO for follow-up evaluation of the chief complaint of chronic axial back, buttock and leg pain. Dr. X assessed that X was eagerly waiting to go ahead with a X for X persistent axial back, buttock and leg pain associated with large herniated disc. X had a pain problem. Neurologically, X was intact, and Dr. X was offering X. X continued to have tightness, pain rated X. X did undergo psychological evaluation, major depression or personality disorder had been ruled out. X had undergone this therapy as well as oral medical management and numerous drug regimens. Due to the persistent nature of X pain, dependent on weak X was recommended. X was willing to X. During the trial period, Dr. X would look for X or more pain relief, improved function, and X. On X, X was seen by Dr. X for follow-up of chronic axial back, buttock and leg pain. X was quite upset that day. X had at X. X main complaint continued to be chronic pain. As a result, Dr. X was offering X a X. During this X, Dr. X would look for X. That day, X walked with an antalgic limp. X pain was rated X. Dr. X had titrated X on a combination of X. This was a prudent drug treatment plan. X did have mild-to-moderate reactive depression. X did take a X. X was showing good compliance and a follow-up appointment for an X would be made, pending insurance authorization. On X, X was seen by Dr. X for follow-up evaluation of chronic axial back, buttock and leg pain. X presented for continued care requesting when X was going to get the X. Dr. X explained X spoke to Dr. X about a X. First, X stated X wanted to proceed with an X. In the meantime, Dr. X was going to raise X. Daily core exercise, walking, X was advised.

An MRI report of the lumbar spine dated X revealed X. This measured X. The central spinal canal was preserved with X. Treatment to date included X.

Per a utilization review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: "Per ODG by X: X," Based on the provided records, the patient has persistent axial back, buttock, and leg pain associated with large, herniated disc. X is waiting for a X. Neurologically, X is intact and X associated with large, herniated disc. X is waiting for a X. Neurologically, X is intact and X. However, there was no documentation of X. Additionally, there are no recent objective exam findings to support the requested X. The provided records indicate the last physical exam noted was on X. Therefore, the requested X is not certified."

Per a reconsideration review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: "ODG by X. Given the above information. the X. In this case, the claimant was diagnosed with low back pain, other intervertebral displacements of the lumber region, and radiculopathy of the lumbosacral. There is no documentation for X. There is a lack of recent objective findings, such as updated imaging. The MRI of the lumbar spine provided for review was over X years ago. While the claimant has chronic back and leg pain with some X. Due to the absence of X is not medically necessary. Therefore, the request is recommended non-certified."

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: "Per ODG by X," Based on the provided records, the patient has persistent axial back, buttock, and leg pain associated with large, herniated disc. X is waiting for a X. Neurologically, X is intact and X. X is waiting for a X. Neurologically, X is intact and X. However, there was no documentation of X. Additionally, there are no recent objective exam findings to support the requested X. The provided records indicate the last physical exam noted was on X. Therefore, the requested X is not certified." Per a reconsideration review adverse determination letter / peer review report dated X by X, MD, the

request for X was denied. Rationale: "ODG by X. Given the above information. the X was offered as an X. In this case, the claimant was diagnosed with low back pain, other intervertebral displacements of the lumber region, and radiculopathy of the lumbosacral. There is no documentation for X. There is a lack of recent objective findings, such as updated imaging. The MRI of the lumbar spine provided for review was over X years ago. While the claimant has chronic back and leg pain with some temporary relief from X. Due to the absence of X is not medically necessary. Therefore, the request is recommended non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no indication that the patient presents with X. There is no current, detailed physical examination submitted for review. There is no updated imaging provided. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Dual 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 clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: "Per ODG by X," Based on the provided records, the patient has persistent axial back, buttock, and leg pain associated with large, herniated disc. X is waiting for a X. Neurologically, X is intact and X. X is waiting for a X. Neurologically, X is intact and X. However, there was no documentation of X. Additionally, there are no recent objective exam findings to support the requested X. The provided records indicate the last physical exam noted was on X. Therefore, the requested X is not certified." Per a reconsideration review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: "ODG by X. Given the above information. the X. In this case, the claimant was diagnosed with low back pain, other intervertebral displacements of the lumber region, and radiculopathy of the lumbosacral. There is no documentation for X. There is a lack of recent objective findings, such as updated imaging. The MRI of the lumbar spine provided for review was over X years ago. While the claimant has chronic back and leg pain with some temporary relief X. Due to the absence of X is not

medically necessary. Therefore, the request is recommended non-certified.”  
There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no indication that the patient presents with X. There is no current, detailed physical examination submitted for review. There is no updated imaging provided. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. 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:**

- 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
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE