

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]:

1. X who was injured on X when a X. Since that time, X had persistent pain. The diagnosis was cervical radiculopathy.

Per a Texas Workers' Compensation Preauthorization or Concurrent Review Request dated X, X, DO, requested X, as X had some X. They were waiting to get X as X to X.

On X, X presented to X, DO, for further care X. While Dr. X was treating X for X. There was no evidence of X. Dr. X recommended an X. In the meantime, X. X were X. X had decreased X. X had X. Dr. X recommended X. X had already exhausted X.

X-rays of the cervical spine dated X, demonstrated X. An inferior approach X. A X was X. There was X noted. X was seen. X was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the medical records, the injured worker's diagnosis was cervical radiculopathy. The work status was undisclosed. Previous treatments included X. A prior review for X was non-certified on X due to it not being supported by the guidelines, as it is not recommended when a X is used. According to the progress report submitted by X, D.O., P.A., dated X, the injured worker presented with X. The X elicited in X. Regarding X, the Official Disability Guidelines state that it is recommended as a firstline or second-line option. It is indicated when a X. A physical examination identified a X. The X, which used a X. Also, for symptoms that X. X was also considered if a X. It is not recommended the use of X. The cited guidelines explicitly state that a X is not recommended with the use of a X and should only be performed with a X. The injured

worker presented with X. A prior review for X was non-certified on X due to it not being supported by the guidelines, as it is not recommended when a X is used. The prior non-certification is appropriate as it remains unsupported and not recommended by the cited guidelines. It should also be utilized in X. In this case, the request is not medically necessary as it remained unsupported and failed to meet the guidelines' criteria. There was also documentation that X. Additionally, there were no extenuating factors identified to support the necessity of the request. Therefore, the request for X is non-certified.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “The Official Disability Guidelines state that X. X should be used alongside X. X is considered if symptoms X.

The X should only be performed with a X. Upon review of the submitted records, it appears that the prior non-certification was appropriate. An affiliated review non-certified the X on X with review X as there were also no extenuating factors documented to vary from the guidelines at this time. The injured worker presented with X. A physical examination X. According to the cited guidelines, a X may be indicated for X. X is considered if symptoms do not improve after X. The guidelines specify that the X. Because the request included the use of X was not supported as it failed to meet the guidelines' criteria. The guidelines recommend using only a X for this procedure. Given the above information, the prospective request for X is 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 dated X, the request for X was denied by X, MD. Rationale: “Based on the medical records, the injured worker's diagnosis was cervical radiculopathy. The work status was undisclosed. Previous treatments included X. A prior review for X was non-certified on X due to it not being supported by the guidelines, as it is not recommended when a X is used. According to the progress report submitted by X, D.O., P.A., dated X, the injured worker presented with X. The X elicited

in their X. Regarding X, the Official Disability Guidelines state that it is recommended as a firstline or second-line option. It is indicated when a X. A physical examination identified a X. The X, which used a X. Also, for symptoms that failed to improve after X months of X. X was also considered if a X. It is not recommended the use of X. The cited guidelines explicitly state that a X. The injured worker presented with X. A prior review for X was non-certified on X due to it not being supported by the guidelines, as it is not recommended when a X is used. The prior non-certification is appropriate as it remains unsupported and not recommended by the cited guidelines. It should also be utilized in X. In this case, the request is not medically necessary as it remained unsupported and failed to meet the guidelines' criteria. There was also documentation that X. Additionally, there were no extenuating factors identified to support the necessity of the request. Therefore, the request for X is non-certified.” The denial was upheld on appeal noting that, “The injured worker presented with X. A physical examination revealed X. According to the cited guidelines, a X may be indicated for X. X is considered if symptoms do not improve X. The guidelines specify that the X. Because the request included the use of X was not supported as it failed to meet the guidelines' criteria. The guidelines recommend using only a X. Given the above information, the prospective request for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that for X. The current request includes a X. Also, it is unclear whether there are ongoing concurrent active treatment modalities. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Prospective request for 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 dated X, the request for X was denied by X, MD. Rationale: “Based on the medical records, the injured worker's diagnosis was cervical radiculopathy. The work status was undisclosed. Previous

treatments included X. A prior review for X was non-certified on X due to it not being supported by the guidelines, as it is not recommended when a X is used. According to the progress report submitted by X, D.O., P.A., dated X, the injured worker presented with X. The x elicited in their X. Regarding X, the Official Disability Guidelines state that it is recommended as a firstline or second-line option. It is indicated when a X. A physical examination identified a X. The X, which used a X. Also, for symptoms that failed to improve after X. X was also considered if a X. It is not recommended the use of X. The cited guidelines explicitly state that a X is not recommended with the use of a X. The injured worker presented with X. A prior review for X was non-certified on X due to it not being supported by the guidelines, as it is not recommended when a X is used. The prior non-certification is appropriate as it remains unsupported and not recommended by the cited guidelines. It should also be utilized in X. In this case, the request is not medically necessary as it remained unsupported and failed to meet the guidelines' criteria. There was also documentation that X. Additionally, there were no extenuating factors identified to support the necessity of the request. Therefore, the request for X is non-certified.” The denial was upheld on appeal noting that, “The injured worker presented with X. A physical examination revealed X. According to the cited guidelines, a X. X is considered if symptoms do not improve after X. The guidelines specify that the X. Because the request included the use of X was not supported as it failed to meet the guidelines' criteria. The guidelines recommend using only a X. Given the above information, the prospective request for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that for X. The X should only be performed with a X. The current request includes a X. Also, it is unclear whether there are X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Prospective request for X is not medically necessary and non-certified.

Non-certified.

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