US Decisions Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 782-4560
Fax: (512) 870-8452
Email: manager@us-decisions.com

Information Provided to the IRO for Review

- Clinical Records – X
- Laboratory Report – X
- Diagnostic Data – X
- Peer Review Reports – X
- Utilization Reviews – X

Patient Clinical History (Summary)

X. X X is a X-year-old X with date of injury X. X had a X, and injured X. X was diagnosed with X(X). The other diagnoses were X.

Per a progress note dated X, X, MD evaluated X. X. X had been requesting diagnostic X diagnostic X. It had been denied X times in spite of meeting Official Disability Guidelines (ODG). X was not working at the time because X was unable to handle the workload because of X. Examination revealed no significant changes noted.

On X, X. X was evaluated by Dr. X. X had requested diagnostic X. The request had been denied in spite of meeting Official Disability Guidelines. X. X was positive X.

On X, X. X was examined by Dr. X. X injured X in X. X subsequently had X on MRI. X had been complaining of X pain X all the way into X. X had X. X was working X. X had been taking X. X had X without any improvement. The examination showed X on the X. X had decreased X. X was positive on the X with decreased X in the X distribution. X also had X pain at X noted.

An MRI of the XX XX dated X revealed mild-to-moderate X level. At the X level, there was X noted. X was unremarkable with preserved X.

Treatment to date consisted of medications ([X] without significant improvement), physical examination without any improvement, X.

Notice of Independent Review Decision

Case Number: Date of Notice: 07/02/19

Per the Peer Review Report by X, MD dated X, the request for X diagnostic X was not medically necessary. Rationale: X. X was X post X injury. Diagnostic noted X with continued X radiating to X. X had been treated with X without much improvement. X was working light duty. The clinical findings noted X with decreased range of motion of the X. The guidelines noted that X procedures were supported in patients who had failed conservative care and had complaints of clinical and MRI findings of X. In the case, X. X appeared to have a X condition per symptoms and MRI findings, there was a lack of objective documentation (X) as the fax was cut off to support the requested procedure. Therefore, the request for X was not medically necessary.

A peer review report dated X by X, MD indicated that the reconsideration request for X was not medically necessary. Rationale: "Based on the previous peer review report by X, MD dated X the request for X was not approved, based on the rationale stating that "In this case, the claimant appears to have a X condition per symptoms and MRI findings, there is a lack of objective documentation (X) as the fax was cut off to support the requested procedure. I have attempted to unsuccessfully, to reach the AP. Therefore, the request for X and X is not medically necessary". Dr. X further opined that while Official Disability Guideline's 2019 XX XX Chapter X, Diagnostic topic acknowledged that X could be employed in selected cases in which diagnostic testing was ambiguous. However, X. X had XX MRI imaging with positive findings at the levels in question. It was unclear why a diagnostic X was being ordered in that context, particularly in light of the fact that X. X had issues with X. Therapeutic topic noted that there was a little evidence of effectiveness. Therefore, the request was not medically necessary.

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, X, of diagnostic or X(s) (e.g. X or X), X: Other diagnostic X (diagnostic imaging) related procedures, X: X(s), of diagnostic or Xs),X: X for other procedures is not recommended as medically necessary, and the previous denials are X. The Official Disability Guidelines require documentation of X on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no significant X documented at X on the submitted X MRI. At X there is minimal X X without significant X but abuts the exiting X. The X and X documented on the X follow up note are new findings compared to prior physical

examinations. It is unclear if the patient has received any conservative treatment for these new findings. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐
- ☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☑ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.