

True Decisions Inc.

Notice of Independent Review Decision

True Decisions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #615

Mansfield, TX 76063

Phone: (512) 298-4786

Fax: (888) 507-6912

Email: manager@truedecisionsiro.com

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. The mechanism of injury was not available in the medical records. X was diagnosed with X. X, DO evaluated X on X for X pain on the X. The pain was aching in quality and rated X. On examination, there was X. There was X at the X. X test elicited pain in the X. X test produced pain in the X on the X. X was positive on the X pain. An MRI of the X dated X showed X. A X was noted. Follow-up with X was recommended. There was X. Treatment to date included X. Per a peer review by X, MD / utilization review reconsideration letter dated X, the request for X was denied. Rationale: "The Official Disability Guidelines discusses X noting 'not recommended (neither X, based on insufficient evidence.' The medical records do not document a basis to conclude that this patient has X. Overall, for these reasons, this request at this time is not medically necessary and should be non-certified." Per a peer review by X, MD / utilization review adverse determination letter dated X, the request for X was non certified. Rationale: "ODG-TWC states that X is not recommended (neither X, based on insufficient evidence. Recommended on a case-by-case basis as X. This is a condition that is generally considered X. In this case, the claimant presents with pain and tenderness on the X. There are also positive provocation tests on the X upon examination which elicits pain in this region. The provider recommends X. However, there is no indication that the claimant has been diagnostic with X. There are limited signs and symptoms suggestive of X. Thus, medical necessity is not evident. Recommendation is to deny the request for X."

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

Regarding the request for X, ODG, X are not recommended for X. Recommend on a case-by-case basis for X. Consideration can be made if the X is required for one of the generally recommended indications for X. Indications for X. Within the

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documentation available for review, this was previously denied on X due to no indication that the claimant has been diagnostic with X. There remains no identification of X would be indicated. Additionally, no rationale has been provided to support the need for this procedure despite guideline recommendation against it. Given the documentation available, the requested service(s) is considered not medically necessary and upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES