

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

Patient Clinical History (Summary)

X with a date of injury X. X was X. X was diagnosed with X

On X, X was evaluated by X, MD for X. After the injury, X developed significant X. X was seen in an X where X was placed into a X. X continued to complain of pain at X. On examination, X was removed. There was X around the X. A X test confirmed X. There was increased X. Also, there was X with pain.

An X of the X dated X revealed X. X of the X dated X showed no X.

Treatment to date consisted of medications X.

Per utilization review determination letter dated X by X, MD, the request for X was denied. Rationale: "The significant quantifiable objective clinical findings in the most recent medical report were X the request. Moreover, X prior to considering the requested X were not fully established. The guidelines stated that X. Clarification was needed the request and how it might change the treatment recommendations as well as X clinical outcomes. Furthermore, during the peer discussion with X, MA, the designee stated that X was seen at X, put in a X. X was on pain medications. The provider did not think that further X would help X. X had an X and X as well, it was stated, and did not show a X. After the discussion, X had a X. The injury was only X. X measures had not been enacted to this point given the X. That would be under the

recommendation of ODG. Therefore, the request remains not supported.”

A letter dated X by X, MD indicated that the reconsideration request was non-certified. Rationale: “The significant quantifiable objective clinical findings in the most recent medical report were X the request. Moreover, X were not fully established. The guidelines stated that X was a reasonable treatment choice centers that use X. Clarification was needed the request and how it might change the treatment recommendations as well as X clinical outcomes. Furthermore, during the peer discussion with X., MA, the designee stated that X had an X, which showed a X as soon as possible. Regarding X. X did not fully meet the criteria per ODG guidelines for any of the above procedures. It is unclear why X would be necessary at this time. X would best be treated with X. There are no symptoms or physical findings supporting the need for X. Therefore, the request is not supported.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG recommends X. The provided documentation indicates the injured worker X. A X MRI has revealed a X. A physical examination revealed a X test consistent with X despite initial treatment with X. Given that there was a X on MRI with X. There is no rationale provided for why X would be necessary in addition to X. Based on the provided documentation, X is medically necessary, but X is not medically necessary. Recommendation is for X. Given the documentation available, the requested service of X is considered medically necessary. Medical necessity is not established for the requested X.

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**
- 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.