

US Decisions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 US
Austin, TX 78731
Phone: (512) 782-4560
Fax: (512) 870-8452
Email: @us-decisions.com

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X who sustained an X. X was diagnosed with X.

Treatment to date included X.

Per a Utilization Review decision letter dated X and peer review dated X, DO, the request for X was denied. Rationale: "In this case, it was noted that claimant had been X. Here, the request for an X exceeds the guideline recommendations. Additionally, there is X that the claimant was X. As such, the medical necessity has not been established. Therefore, X is not medically necessary."

Per an Adverse Determination letter dated X and peer review dated X, MD, the request for X was noncertified. Rationale: "In this case, the X Claimant has been X. There is no documentation of X. In regards to the X. ODG recommends X. However, due to X, this request is not supported. Therefore, Px is not medically necessary."

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

The ODG supports up to X. The documentation provided indicates that the X. The injured worker was X. An examination of the X. An examination of the X. There is a request for X. Based on the documentation provided, X would not be supported as the request exceeds guidelines and there is no indication of previous X. Given that there is X. As such, a X. Given the documentation available, modification is considered medically necessary.

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)