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Notice of Independent Review Decision

Review Outcome

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 is a X who was injured on X. X was X after X. The diagnosis was X.

X was seen by X on X for X. X had X. X was compliant with X. X related X. The pain was X. The physical examination revealed X. X with X. There was X.

The treatment to date included X.

Per a Utilization Review Decision letter dated X, the request for X was denied. Rationale: "Regarding the request for X, the Official Disability Guidelines specify that X. The guidelines do not recommend X for X. X are X. However, there were no exceptional factors noted to support the request outside the guideline recommendation. As such, the request X is non-certified. Regarding the request for X, the Official Disability Guidelines do not recommend X for X. There were no exceptional factors noted to support the request for the patient's condition outside guideline recommendation. Additionally, the request as submitted failed to specify X. Therefore, the request for X is non-certified. Regarding the request for X, the Official Disability Guidelines recommend X for patients with X. The treatment plan included X. However, there were no X noted on examination to support the need for X. Therefore, the request for X is non-certified".

In an undated appeal letter, X documented regarding X, "This case involves X with a history of X. The mechanism of injury is detailed when X. Patient has been compliant with conservative treatment that has been recommended for the current diagnosis of X. Conservative treatments have been rendered such as: X. Patient has been compliant with conservative treatment with no X. The X by the patient has X. Patient X is not X for X, but with the pain being X, need for further evaluation is highly recommended to X. In order to rule out X, an X is needed for further evaluation."

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "This is an appeal request for X. A peer-to-peer discussion was unsuccessful despite calls to the doctor's office. The Official Disability Guidelines specify that X. The guidelines do not recommend X. X across X to prevent X. The letter of appeal dated X noted that the patient has been compliant

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with conservative treatment that has been recommended for the current diagnosis X. Conservative treatments have been rendered with X. The patient has been compliant with conservative treatment with X. The pain experienced by the patient had X. The patient was not X for X but X. In order to rule out X, an X would be needed for further evaluation. However, there were no exceptional factors noted to support the request outside the guideline recommendation. As such, the request for X is non-certified. The Official Disability Guidelines do not recommend X. The letter of appeal dated X noted that the patient has been compliant with conservative treatment that has been recommended for the current diagnosis of X. Conservative treatments have been rendered with X. The patient has been compliant with conservative treatment with X. The pain experienced by the patient had X. The patient was X for X but the X with the need for X. In order to rule X, an X would be needed for further evaluation. However, there were no exceptional factors noted to support the request for the patient's condition outside guideline recommendation. Additionally, the request as submitted failed to specify X. Therefore, the request for X is non-certified. The Official Disability Guidelines recommend X for patients X. The treatment plan included a request for X due to X and X. The letter of appeal dated X noted that the patient X. Conservative treatments have X. The patient has been compliant with conservative treatment with X. The pain experienced by the patient had X. In order to rule out X, an X would be needed for further evaluation. However, as the concurrent request for X were found not medically necessary, the request for X is non-certified."

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

After reviewing the medical records, the X is within the guidelines to X and therefore medical necessity is established. However, medical necessity is not established for the X and X until findings of X are received and evaluated.

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)