

**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](mailto:manager@us-decisions.com)**

***Patient Clinical History (Summary)***

X is a X who was injured on X. The mechanism of injury was reported as being X. The diagnosis X.

On X, X visited X, MD for X ongoing symptoms including X. X continued to have X, which limited X daily functions. The pain was rated X without medications. Examination of the X showed X. X had X. X was restricted with X. There was pain with X. X test was X.

Per a utilization review decision letter, an MRI of the X dated X revealed X.

The treatment to date included medications X

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "The ODG states that while conditionally recommended, X are supported when X is well documented, there are X findings on physical examination, X is corroborated by imaging, and there has been a X. The provided documentation reveals evidence of X. There are MRI findings of X. However, it is unclear if there has been a treatment X. In addition, while the physical examination documents a X, there are no documented X in a specific X. It is also unclear if the provider is requesting the X. Based on the available information, X is not medically necessary Recommend-noncertification."

Per an adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: “Official Disability Guidelines recommends an X. A prior request was denied due to the documentation being unclear if the patient completed X. In this case, the patient continued with ongoing X pain despite X. The physical examination of the X revealed X along the X noted with X. An MRI revealed X. However, there is insufficient documentation to support X. Additionally, there is minimal finding on the imaging study to support the X. As such, the appeal request for X is non-certified.”

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

The Official Disability Guidelines discusses X. Such X are generally recommended only on an individualized basis as short-term treatment for X. The medical records in this case do not clearly document symptoms or examination findings or diagnostic studies to confirm a X. Overall, the records do not discuss exceptional factors or any other rationale for an exception to the treatment guidelines or to support the medical necessity of this treatment and considering the associated risks. Therefore, currently, the request is not 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
- 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

- X, 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.