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Patient Clinical History (Summary)

X with date of injury X. The injury resulted from a X. X was diagnosed with complex X.

X was seen by X, MD on X for recheck of X. The symptoms included X. Symptoms were located in the X. There was X. The pain was X. The onset was immediately after the injury. The symptoms occurred X. Aggravating factors included X. The relieving factor was X. X was able to do activities of X. X reported that X continued to have X. X examination revealed X. There was X. X was noted with X. X was painful at X. X examination showed X. X test was X. There was X. There was X. Per a DWC Form-73 X was placed on X. X returned on X, for X. X had X examination revealed X. There was X. X was noted with X. X was painful at X. X examination showed X. X test was X. There was X. There was X. Per the note, X functional capacity evaluation results showed that X was functioning at a X. X maximum medical improvement (MMI) and impairment rating (IR) results showed that X was given an X impairment rating.

Per the note, X x-rays showed Xx-ray showed X.

The treatment to date included X.

Per a peer review dated X by X, MD, the request for X was denied.
Rationale: "The examination of the X revealed X. The X showed pain and limited X degrees. The X was X. The X test was X. There was no evidence

of X. As such, the medical necessity had not been established. Therefore, the request for X was not necessary.”

Per a peer review dated X by X, MD, the request for X was denied. Rationale: X maximum medical improvement (MMI) results showed that X was given an X impairment rating, however, the actual report was not submitted with the request. There was a previous adverse determination dated X, whereby reviewer noncertified the request for X. The reviewer noted that there was no evidence of X. As such, the medical necessity had not been established. ODG X updated X- X “Based on the highest quality and most recent evidence, X.” The request did not meet referenced guidelines, initial denial upheld. Therefore, the requested appeal for X was not medically necessary.

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

The ODG supports X. The documentation provided indicates that the injured worker complains of X pain. A physical examination of the X documented X. X-rays documented X. The provider recommended X. Based on the documentation provided, the requested X would be considered medically necessary given the ongoing X pain and documentation of moderate X on imaging. Given the documentation available, the requested service(s) 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
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- 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.