

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

Patient Clinical History (Summary)

X who sustained an injury on X. X reported X was "X." While X. The ongoing diagnoses were X; other X.

X was seen by X, DO on X for X, which X. The pain was located over the X. It was described as X. Functional impairment was X; when present, it interfered only with X. The pain interfered with X. It was intermittent and moderately increased since onset. It had developed steadily since X over a period of X months. This was not a recurrent problem; there had been only that one episode or occurrence, characterized by X. There was a sensation of X. The symptoms were X. The relieving factors included X. On X examination, there was X. On the X. The X showed X. X were X. X test was X. X were X.

An MRI of the X dated X showed X. X-rays of the X dated X revealed X. A X MRI dated X demonstrated 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. "Per evidence-based guidelines, X is recommended as a short-term treatment for X. This treatment should be administered in X. In this case, the most recent objective examination showed insufficient significant as the examination showed that the X were noted to be X. The significant X was not established to warrant the medical necessity of the requested procedure. Provided documentation lacks X in which to support

the requested X. Evidence-based guidelines note that X must be well documented, along with objective neurological findings on physical examination. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X are recommended as a short-term treatment for X. In this case, X presented with X. X was limited with X due to pain by X percent. There was a X. MRI of the X revealed a X. A request for X was made. However, objective findings were X. It was also noted that the patient had a X. Moreover, it was noted that X had X that provided no relief on office visit on X; clarification is needed if this treatment is for the X , as repeat X should require documentation that the previous X should produce a minimum of X percent pain relief and improved function for at least X weeks as per guidelines. Although it was noted that X, failure to X were not fully established as the patient is still taking X other current pain medications without reported failure prior to necessitating this request. There were no exceptional factors noted.”

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

As noted at the time of a prior physician review, the medical records in this case do not clearly confirm the presence of a X via symptoms, examination findings and diagnostic studies. Moreover, a response to a prior X appears to be limited. Without further clarification, the request overall at this time is non-certified. Given the documentation available, the requested service(s) is considered 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
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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.