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

X with a date of injury X. While working X. X was diagnosed with a X.

X was evaluated by X, MD on X for X. X reported X. X had been issued X due to X. X had completed the ODG recommended X. A X testing had determined the X. X required to X. X had to X. This was extremely difficult on a X. The pain was rated X. On examination X. X on X was X and on the X was 1 X. X noted X. X sign was X on the X. The X was X. X in the X. X and X on the X were X.

Treatment to date included oral medications X.

Per a peer review / utilization review adverse determination dated X by X, MD, the request for an X was not medically necessary. Conclusion: "As noted in X. Here, it was unclear why attempts to return the claimant to work via a X were not attempted (X). ODG further notes that the claimant's intent on X should have a specifically defined X, ideally agreed upon by the X. Here, however, there was no mention or evidence of the claimant's X. ODG also notes that the claimant's X, X, or other treatments that are clearly warranted to improve function. Here, the attending provider and two designated doctors reportedly assessed that the claimant was a X. The claimant also has issues with X. The claimant is, thus, pending receipt of a number of other treatments to include X, the results of which, if favorable, would further obviate the need for the X in question. ODG also notes that X should be reserved for use X option based on the availability of X. Here, however, the outcomes of the X in a question were not clearly

discussed or detailed. Hence, the request, thus, is at odds with multiple ODG criteria for X in question and is not medically necessary. Therefore, the request for X is not medically necessary.”

Per a peer review / utilization review reconsideration by Dr. X dated X, the request for an X was not medically necessary. Conclusion: “As noted in ODG’s X. Here, the outcomes of the X in question were not clearly discussed or detailed. ODG further notes that the best way to get an injured worker back to work is X. Here, the claimant is X. It is unclear why attempts at returning the claimant to work X. ODG further notes in its X. Here, however, the claimant has X. The claimant is X. ODG also notes that X are not recommended for those patients X. Here, the claimant has X. The X, if approved, X. The request, thus, is at odds with multiple ODG criteria for X in question. Therefore, the request is not medically necessary.”

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

Based on the clinical information provided, the request for X:X:X , X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There are no X records submitted for review. The X evaluation report is not submitted for review. There is X evaluation submitted for review. There is no specific defined return to work goal or job plan submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

***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.