

US Decisions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 US
Austin, TX 78731
Phone: (512) 782-4560
Fax: (512) 870-8452
Email: @us-decisions.com

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 who was injured on X. X was on the X.

X underwent X evaluation on X by X, for X. X presented with X and symptoms consistent with the X. X might also have the X. X included X. X was X with X. X (ODI) was X. The assessment included X, not elsewhere classified; X; and other X and X.

X was evaluated by X, MD on X for X to X injury on X. X stated that X. X reported that X had X. X continued to have X that was mainly X. The pain was more on the X and X. The symptoms were X. X reported X because, although, it was X. On examination, the X was X. There was X.

A CT scan of the X revealed X. There were X involving the X. An MRI of the X revealed X. At X, there was a X.

Treatment to date included medications X.

Per an X dated X, request for X for the X was denied by X, DC.

Rationale: "There was no documentation submitted with this review other than the MRI and x-ray report. There were no clinical findings that would necessitate the requested X. I was unable to obtain X contact in order to discuss this case and review the treatment history. Therefore, the proposed treatment consisting of X is not medically necessary."

Per a utilization review letter dated X, the prior denial was upheld by X, DO. Rationale: "There was no documentation submitted with this review other than the MRI and x-ray report. There were no clinical findings that would necessitate the requested X. I was unable to obtain AP contact in order to discuss this case and review the treatment history. Therefore, the proposed treatment consisting of X is not medically necessary."

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

Per American College of X: "Recommendation 1: Given that most patients with X If X is desired, clinicians and patients should select X
Recommendation 2: For patients with X, clinicians and patients should X treatment with X. (Grade: X recommendation)
Recommendation 3: In patients with X and patients should consider X with X. Clinicians should only consider X and only if the X

In my medical opinion, the X for the X is medically necessary for this patient with X.

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
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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)
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