

**US Decisions Inc.
An Independent Review Organization
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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. The X of the injury was not documented in the medical record. X was diagnosed with X.

On X, X was evaluated by X, MD for a follow up after having a X. X had X. X just did not have any X. On X examination, X had X. X sign and X. There were X. There was X. The X. Dr. X commented that X had X. Unfortunately, at the point, X only option was X. X was X.

An MRI of the X dated X revealed X. There was X. There was X. There was a X.

The treatment to date included X.

Per a utilization review decision letter dated X, the request for X was denied 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 noncertified. The presented X were X. Documentation of X. Also, there was X. X were not identified.”

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 noncertified. Per evidence-based guidelines, X. In this case, X was X. X had X. Recent MRI of the X dated X revealed X. A request for X was made. However, the presented X requested. Documentation of X. Also, there was still no evidence of X. Furthermore, X. X were not identified.”

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

The ODG does not recommend X. The documentation provided indicates that the injured worker has X. X has included X. A recent X examination documented X. An MRI documented a X. The provider has recommended a X. Based on the documentation provided, a medical exception for the requested X would be recommended. The injured worker has X. Given the X. The X. Given the injured workers X. As such, the requested X is supported as 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.