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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 is a X who was X. X sustained a X and X. The diagnoses were X.

X, MD evaluated X for a X. X was X. X presented in a X. X reported X. X symptoms were X. Examination revealed X. A X. A X.

An MRI of the X. Small X. There was X.

Treatment to date consisted of X.

Per a X, the request for X, MD. X: "Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified. The guidelines state there should be X; therefore, the request is not within the guidelines and is non-certified."

Per a reconsideration review decision letter dated X, MD denied the request for X. X: “Per evidence-based guidelines, X. In this case, the patient was X. X presented in a X. X noted X. There was a X. There was X. A request for X. However, the presented X and X in the most recent evaluation were insufficient and did not meet the guideline criteria to support the requested X, as there was no documentation of the history of X. Moreover, the imaging studies were limited as there were no X. Per related literature, X. It is an appropriate option when X. Based on the clinical information submitted for this review and using the evidence-based, X guidelines referenced above, this request is non-certified. As discussed above, the request is not supported based on the X guidelines.”

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

The X supports X. The documentation provided indicates that the X. A X examination of the X. A X. An MRI documented a X. The treating provider has recommended a X. While the documentation provided does not indicate X. There has been a X. As such, X. It is unlikely that X. As such, the requested X would be 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)
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