

**US Decisions Inc.**  
**An Independent Review Organization**  
**3616 Far West Blvd Ste B**  
**Austin, TX 78731**  
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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 with date of injury X. X was X. X was diagnosed with X.

X consulted X, PA-C / X, MD on X for complaints of X. The symptoms were located in the X. There was X. The pain was described as X. The symptoms occurred X. The symptoms were X. The symptoms were X. X was X. X could not X. Examination of the X showed X. X was noted to be X. X test was noted to be X. X continued to have X. In addition, X had activity X.X. X felt X likely required X. X might return to X. X was seen for a follow-up by on X for ongoing complaints of X. X symptoms, X examination, and plan of care essentially remained unchanged. Per Dr. X, X continued to have X. In addition, X had activity X. Dr. X continued to opine that X likely required X. X might X.

An MRI of the X dated X showed X. There was X. There was X. There was questionable X. There was X. There was X. The examination was limited by X. An x-ray of the X dated X showed X.

Treatment to date included medications X.

A Notification of Adverse Determination and a Peer Review Summary was completed by X, MD on X. Based on the clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines, the request for X was non-certified. Rationale: "Objective response to conservative care such as X could not be established prior to considering the need for this X. Moreover, there was no objective evidence of X on MRI to meet the criteria for X to warrant the entirety of this request. Also, X is recommended for age X, which was inconsistent with the patient's age." The rationale further included "Per evidence-based guidelines, X is indicated after a provision of conservative care in conditions with pertinent subjective complaints and objective findings corroborated by imaging. In this case, the patient presented with X. There was X, presence of X. However, objective response to conservative care such as X could not be established prior to considering the need for this X. Moreover, there was no objective evidence of X on MRI to meet the criteria for X to warrant the entirety of this request. Also, X is recommended for age X, which was inconsistent with the patient's age."

Per a Notification of Reconsideration Adverse Determination and a Peer Review Summary dated X by X, MD, it was determined that the proposed treatment of X did not meet the medical necessity guidelines. Rationale: "Per evidenced-based guidelines, X is indicated to patients with pertinent subjective complaints and objective findings corroborated by imaging after conservative care. In this case, the patient complained of X. On examination of the X, the X. The X. X test was X. It was mentioned that X continued to have X. The MRI of the X dated X showed X. Questionable very X. There was X. Per the medical report

dated X, the patient's X. A request for X was made. Given the clinical findings presented the request for X may be supported; however, per review of related literature, X. It is not known what X aspect contributes. Furthermore, X have been done and most clinicians reporting on their experience with the procedure have varied the X. The X has many of the characteristics of X. In addition, X is recommended for age X, which was inconsistent with the patient's age. The entirety of the request is not supported at this time. Therefore, the previous denial is upheld.”

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

The ODG supports X. A X is supported for X. X is supported for X. X is supported for documented X. X supported for documented X. The documentation provided indicates that the injured worker complains of X. Treatment has included X. A X examination has documented reduced X. An MRI documented a X. There is a diagnosis of a X. Based on the documentation provided, given the persistent X. There is no evidence of a X Additionally, there is no documentation of X. There is no documented X. Given that there are X request and only a X would be supported the requested entirety is recommended for noncertification as partial certification has not been agreed upon. 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.