

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 is a X with date of injury X. X sustained a work-related injury X. X reported X sustained injuries to X.

On X, X, DC completed a X Evaluation X to determine X ongoing X. X reported an ongoing pain level of X. X reported X pain. The X pain was described as X. X reported frequent X. X testing of the X was done to X. X demonstrated X. X also demonstrated a X. The X revealed that X was X per the job analysis provided by X and / or employer. X reported a pain level of X. The X pain was described as X. X reported frequent X. X testing of the X. X demonstrated X. X also demonstrated a X. After completion of the X Tests, X reported increased X pain. X described the X pain as X. X Tests were suspended due to X pain, X, and X reaching X maximum X. Overall, X demonstrated the ability to X.

On X, X, MA, LPC performed a consultation to determine whether or not X was experiencing X. X reported having X. X reported feelings of X. X reported that X experienced symptoms of X. X also experienced X regarding the treatment process of X injury and would prefer to X. X was X. X was feeling more X. X had tried to remain as X; however, X was having X. X reported that X experience of X pain had created problems within X. Without intervention, these X. X score was X, indicating X. X score was X, indicating X. X score was X on the X. On X status examination, X. It appeared as though X had developed X. Those symptoms appeared to be X. X connected to X, X. The diagnosis was X. X opined that X should participate in a X.

X was evaluated by X, DC on X for an office visit. X experienced X. X verbalized X regarding whether X would be able to perform X. X pain was X. X performance was X. X, X was X. X had X. X had X. X had X. X revealed X observed when tested. The X was X. There was X. Activities of X. X had X. Physically, X had made X. There were no other conditions which prevented X. X, X was X. The X had ruled out any conditions, which would require X. As a result, medical necessity had been established for X. This was confirmed with X testing.

The treatment to date consisted of X.

Per a utilization review dated X, Dr. X non-certified the request for X. "Request is not medically necessary. Per conversation with Dr. X, this request does not meet the criteria for approval as Per the provider the, the patient has completed X. These documents were requested of the provider, at this time this information has not been received. Therefore, the request remains not medically necessary." The X was non-certified, not medically necessary and not within the ODG guidelines. The criteria and treatment guidelines used to make this denial: Official Disability Guidelines (ODG). X

Per a utilization review dated X, the request for X had been determined not medically necessary by Dr. X. Rationale: “The following request has been reviewed by a physician advisor and has been determined not medically necessary because Called @9:40 AM and X is not available. I left my phone number for X to call me back. On X @ 10:10 Am, we communicated with Dr. X, DC (Dr. X associate.) She told me that X was involved in a X. Obviously, the incident of this claim was not "X" and I could not find any significant finding in the records to support her assumption of serious injuries. This request is not justified in the available records or discussion with Dr. X and does not meet ODG. I recommend denial.”

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 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-certification is upheld. There are no X records submitted for review with X. It is unclear if the patient has X. The patient’s current medication regimen is not documented. The patient sustained X. It is unclear X. 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.