

True Decisions Inc.
An Independent Review Organization
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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. The mechanism of injury was not listed. Per the medical records, X sustained an injury X, when X. The diagnoses included X. X was seen by X, MD on X for X. X reported X were X. X continued to have X. X continued to X as X. X continued with X. The X was notable for X. X were not included in the records. Treatment to date included X. Per a utilization review adverse determination letter by X, MD on X, the requests for X were non-certified. Rationale: "Per the available documentation, the claimant was being X. X information was available for review. The claimant's mechanism of injury, X. The Official Disability Guidelines do not recommend the use of X. A X may be indicated as an X. There must be documentation of X. An X is generally recommended with X. A X should be documented. X requires documentation of specific X. The claimant's present X. As such, it is unknown if the claimant had X. Therefore, the request for X is non-certified. The Official Disability Guidelines do not recommend X. This request cannot be authorized. In the absence of any clinical

documentation, it is impossible to determine if X, is required. Therefore, the request for X is non-certified.” Per a reconsideration review adverse determination letter by X, MD on X, the requests for X were non-certified. Rationale: “The Official Disability Guidelines do not recommend the use of X. A X may be indicated as an X. There must be documentation of X. An X is generally recommended with X. A X including the X should be documented. X requires documentation of X. A X is generally preferred; if a X is recommended, there must be X. The requested X is not supported at this time. Although it is appreciated that the claimant X. In addition, the guidelines do not support a X necessity over a X. For this reason, the request for X is non-certified. The Official Disability Guidelines do not recommend X. This request cannot be authorized. In the absence of any clinical documentation, it is impossible to determine if X, is required. Therefore, the request for X is non-certified”.

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. Per a utilization review adverse determination letter by X, MD on X, the requests for X were non-certified. Rationale: “Per the available documentation, the claimant was being X. No clinical information was available for review. The claimant's mechanism of injury, current diagnoses, present complaints, and examination findings, and history of care are unknown. The Official Disability Guidelines do not recommend the use of X. A X to an X. There must be documentation of X and X. An X is generally recommended with X. A X. Usage after the X documentation of X. The claimant's present X. As such, it is unknown if the X. Therefore, the request for X is non-certified. The Official Disability Guidelines do not recommend X. This request cannot be authorized. In the X, is required. Therefore, the request for X is non-certified.” Per a reconsideration review adverse determination letter by X, MD on X were non-certified. Rationale: “The Official Disability Guidelines do not recommend the use of X. A X. There must be documentation of X. An X recommended with X. A treatment plan including the X. X documentation of X. A X if a X is recommended, there must be clear necessity documented. The requested X. Although it is appreciated that the claimant X. In addition, the guidelines do not support a X necessity over a X. For this reason, the request for X is non-certified. The Official Disability Guidelines do not X. This request

cannot be authorized. In the absence of any X, is required. Therefore, the request for X is non-certified". There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There are limited objective findings documented on physical examination. There is X. There are X. There is no documentation of a successful X. X recommended for X. There is no documentation of X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES