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***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. X was X and X and X. The diagnoses were X.

X was evaluated by X complaining of X. X reported X with X was X with Dr. X. X, and X. The plan was for a X to X. X was recommended. X was advised to X. On X, Dr. X noted X had a X. X initially was injured in X. X reported X. X had X. X had discontinued X. On X had X and X. X to X was noted in the X. X had an X. Dr. X recommended discontinuing X. X recommended continuing a X and recommended proceeding with an X.

A X noted that X reports X. X would X. X appears to have a X. X was X. The evaluation was performed by X, PhD and X, PhD.

An MRI of the X completed on X. An X of the X dated X was X.

Treatment to date included X.

Per a Peer Review Report dated X, the request for X was non-certified. Rationale: "The patient is being referred for a X for a diagnosis of X. When considering a X, there are X. All other diagnoses that can produce the X. In this case, it appears that the patient is X. The report of X indicated that the patient was X. Furthermore, the patient X. In addition, during this same office visit, it is noted that the patient will X, which Dr. X stated will be X. Given these reasons, in particular that all other diagnoses and treatment options have not been ruled out, the patient does not meet the criteria for a X. The patient should also be X. This can help prevent the pain from becoming X. Therefore, my recommendation is to NON-CERTIFY the request for a X."

On X, the X indicated that the request for X was non-certified. Rationale: "The ODG discusses X, noting that more X. The guidelines provide limited support for use of a X. In this case, however, it is noted that in a X does not clearly meet the X, and thus, it is not clear that this injured worker has an X. Moreover, the X gives at best an X. As a diagnosis appears X. Of particular importance, the treatment guidelines do not suggest that X. It is not clear from the medical records and X that X have been established. Without clearly objectively defined functional goals for a X, it would not be X. For this additional reason, the request for a X is premature at this time. Therefore, the request is given an adverse determination and the original denial is upheld."

***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 Peer Review Report dated X, the request for X was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient was X with Dr. X however, there is no indication that this evaluation has occurred. The patient's X to establish the presence of X. The submitted X that the patient reports X. Specifically, the patient reports 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)