

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. X was X. The diagnoses included X. X was seen by X, MD on X. X complained of X and X. X was X. X rated the X. The pain was X. The X included X. X had no significant changes since the prior visit. There was X in pain noted after the procedure X. On examination, there was X. On X complained of X and X. X was able to X. X rated the pain X. The pain was X. The X included X. X had X in the X. On examination, there was X. A X was performed by X demonstrated the X. During the X demonstrated X. X could X. X could X. X could X. A X showed X. There were X. A X of the X. An X. X demonstrated X. The study was X. An MRI of the X demonstrated X. An MRI of the X. X to date included X. Per a utilization review by X, the request for X was noncertified. Rationale: X, but there was X. Examination findings reportedly demonstrated X. There is only X. Therefore, the request for X is non-certified." The request for X and X was noncertified. Rationale: "The claimant had reported X, which may X, but there is X. X requires evidence of a X. Additionally, the X has been non-certified. Therefore, the request for X is non-certified." Per a utilization review by X, MD on X, the request for X between X and X was noncertified.

Rationale: "The Official Disability Guidelines stated that X are X. Such X may have a X. There is X and if X. The original determination was appropriate. Extenuating circumstances that would X of guideline support was unavailable. Therefore, the X is non-certified." The request for X was noncertified. Rationale: "Considering that the X was non-certified within this review, the request for X is also 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 and X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review by X, MD on X, the request for X was noncertified. Rationale: "The claimant had reported X, but there was X. Examination findings reportedly demonstrated X were not detailed. There is only X. Therefore, the request for X is non-certified." The request for X was noncertified. Rationale: "The claimant had reported X, which may X. X requires evidence of a X and X. Additionally, the X has been non-certified. Therefore, the request for X is non-certified." Per a utilization review by X, MD on X, the request for X was noncertified. Rationale: "The Official Disability Guidelines stated that X are X. Such X may have a X. There is X. The original determination was appropriate. X that would X was unavailable. Therefore, the request for X is non-certified." The request for one X was noncertified. Rationale: "Considering that the X was non-certified within this review, the X is also non-certified." There is insufficient information to support a X non-certification are upheld. The submitted clinical records X. The Official Disability Guidelines note that the requested procedure is recommended for X. The Official Disability Guidelines also note that X are not recommended over X. Additionally, a request for X states that all X have been exhausted. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision 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