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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. The mechanism of injury was detailed as X. X was X. As X was doing so, X was X. As X was putting X. It was a X. The diagnoses were X.

On X was evaluated by X, MD for the X. X reported that since the time of X injury, X had X. More recently, X started having a X. This was X. X had no pain when X was X; however, X did like to X. X stated that occasionally, the X. On examination, the X. With X had X. The MRI was reviewed and demonstrated an X. There was X although the X. It appeared to be X.

An MRI of the X and X.

Treatment to date included X, X & X

Per a Utilization Review Physician Advisor Report dated X, MD, the request for X, was non-certified. Rationale: "X: The Official Disability

Guidelines state that a X. The guidelines also state that X.” “There was a X. There was also a X. The guidelines also only recommend a X. The patient is currently X. There was also a X. Given the above, the X. As such, the request for X is non-certified.” “Regarding X: The Official Disability Guidelines recommend X. The request has been recommended as an X. However, the request for X was deemed not appropriate at the time. Therefore, the requested service is also not supported. As such, the request for X is non-certified.” “Regarding X and General: The request for X was deemed not appropriate at this time. Therefore, the requested service is also not supported. As such, the request for X and General is non-certified.” “Regarding X: The request for X was deemed not appropriate at this time. Therefore, the requested service is also not supported. As such, the request for X is non-certified.” “Regarding X: X was deemed not appropriate at this time. Therefore, the requested X is also not supported. As such, the request for X is noncertified.” “Regarding X and X: The request for X was deemed not appropriate at this time. Additionally, the guidelines do not recommend usage. As such, the request for X is non-certified.” “Regarding X request for X was deemed not appropriate at this time. Additionally, the guidelines do not recommend usage. As such, the request for X: X is non-certified.” “Regarding X: the request has been recommended as an X. However, the request for X was deemed not appropriate at the time. As such, the request for X is non-certified.”

Per a Reconsideration Review Physician Advisor Report dated X by X, MD, the appeal request for X, was denied with the following rationale: “Regarding the requested X, the Official Disability Guidelines indicate a X is indicated when there is documentation supporting the appropriate subjective as well as objective complaints after a X. The submitted documentation does indicate the patient has participated in at X. The MRI does show evidence of a X. However, it does not appear the patient has X. Furthermore, guidelines typically recommend X. Therefore, given all of the above it does not appear the patient is an X. There is a lack of X the need to certify the request outside guideline

recommendation. As such, the requested X is not medically necessary and is noncertified. Regarding the requested X, the Official Disability Guidelines indicate X is recommended when there is a need during a complex procedure. While this request may be appropriate, the requested X that this X is not medically necessary. Therefore, the requested X is not medically necessary and is non-certified. Regarding the requested X, the Official Disability Guidelines do recommend X during X. Additionally, general X is typically recommended for X. While this request may be appropriate, the requested X that this is X, is not medically necessary. As such, the requested X is not medically necessary and is non-certified. Regarding the requested X, the requested X needs clarification as to whether this X or if this includes X. Furthermore, while the Official Disability Guidelines do recommend X prior to X is not medically necessary. As such, the requested X is not medically necessary and is non-certified. Regarding the requested X, the Official Disability Guidelines indicate the need for X. The request has been recommended as an X is not medically necessary. Therefore, there is no need for X. As such the requested X is not medically necessary and is non-certified. Regarding the requested X as well as the X, the Official Disability Guidelines indicate X. However, the Official Disability Guidelines do not recommend the utilization of X. Therefore, given the lack of X in this case and no documentation indicating the patient has X is not medically necessary and is non-certified. Regarding the requested X, the Official Disability Guidelines do not recommend the routine use of X as a X. Therefore, as there is a lack of X guideline recommendation, the requested X is not medically necessary and is non-certified. The determination related to the medication(s) does X. If the medical records provided and/or the discussion with the ordering provider fail to demonstrate the medical necessity of ongoing X. Regarding the requested X, the Official Disability Guidelines do not specifically address this request. According to referenced literature, the utilization of X is appropriate for patients who are having X. While this may be an appropriate request, the X that this is X to at the time, is not medically necessary. As such, the requested X is not medically necessary and is non-certified.

Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.

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

The ODG supports X. The ODG supports the use of a X. X during X. X during the X. The use of X is supported for X and X. Guidelines recommend X and office visits as for the evaluation management of injured workers. The ODG does not recommend a X. The documentation provided indicates that the injured worker complains of X that has X. There are no documented X. A X documented X. An MRI documented a X. There is a request for a X. Based on the documentation provided, the requested X would not be supported as there is no documentation of a X. Given that X is noncertified pre-and X would not be medically necessary. As such, the requested X 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)