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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

**Information Provided to the IRO for Review**

X

**Patient Clinical History (Summary)**

X is a X who was injured at X. X sustained a X. The diagnoses were X, not elsewhere classified X and X, unspecified site X.

X, DO evaluated X on X for ongoing complaints. X reported X had done well with X for X, X, and X. Unfortunately, over the X, X was noticing X, it was X area on the X. X had X. Dr. X was going to recommend a X as X. It even X; however, X had done X. X had X of X and X; X was X to just X. X used it in X. X was encouraged. Daily X and X were also recommended, and it would all X. X was X and X. X was using X. X did X it every X. It was utilizing X. A follow-up appointment for X would be made in the upcoming days.

On X, X visited Dr. X for a follow-up. X continued to do well regarding X with X. At the time, they X and X. X was getting X and X, allowing X to be

X. X had been able to X. X took X or X as needed. X affect had X. X continued to have X at the previous X. There was a X. X were once again X. It was the same as a X. Unfortunately, a peer physician neither X. X felt X was doing X, but the X area consistent with X. As X often X. In the meantime, X showed satisfactory complaints. X showed X. X had X considerably through the years of their care. X came to see X or less; however, due to the X, X was X. X was X and X was X.

Treatment to date included X, and X, X with X, followed by a X.

Per a utilization review adverse determination letter dated X, the request for X, X was denied by X, DO. Rationale: "The Official Disability Guidelines (ODG) state that X are considered an X. X with any X are not recommended. The patient must have documentation of X with X as X. Symptoms most of persisted for X and medical management such as X, X, X, or muscle X. X must not be present by examination, X and X. In the case of this patient, the documentation provided for the review did not support that the X and X. There was X. Furthermore, the request form dated X indicated that the X would be X, which is not supported by the evidence-based guidelines. Based upon these findings, the current request is not supported. As such, the request for in office; X areas is non-certified."

Per a utilization review adverse determination letter dated X, the reconsideration request for X, X was noncertified by X, MD. Rationale: "Per ODG, "Not recommended for X, and X. In this case, a X was noted at the X. There are no documented X to support an exception to the guidelines. Furthermore, there is no record of X that would correspond to the requested X. Therefore, the appeal request and the previous denial is upheld."

Per a Prospective IRO Review Response dated X, it was documented that "the Official Disability Guidelines state that X are not considered an X.

Furthermore, per ODG, X with any X, X are not recommended. The request form dated X indicated that the X would be administered using X, which is not supported by the evidence-based guidelines.

As also noted by the Physician Advisor, the claimant must have documentation of X with X as well as referred pain. Symptoms must of persisted for X. In addition, X must not be present by examination, X and X. In this case, as noted by the Physician Advisor, the documentation provided did not support that the claimant had been suffering from X response as well as referred X. Therefore, the performance of in office X for X as requested by Dr. X at X and X in a patient with findings of X to respond to X and X upon X response and X is not supported and is not medically reasonable or necessary at this time.”

***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 X areas 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-certifications are upheld. The note dated X indicates that over the X noticed a X. There is no documentation of a recent course of conservative treatment to address this new finding. There is no documentation of recent or ongoing active treatment modalities. The X of X being requested is unclear. Current evidence based guidelines note that X must not be present. Follow up note dated X indicates that the patient continues to do well regarding X 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)