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***Notice of Independent Review Decision  
Review Outcome***

***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:***  
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 on X. X reported X was X. The diagnosis was X.

X was evaluated by X, NP on X for X. X was a X. X reported in X was X. X was X. Since that time X had continued to have X in X. At the time, X was located in X and X. X described X as X. X was X when X. X reported X. Previous treatments included X. X had also done X. X denied X. X had also undergone X with Dr. X. On examination, there was X. There was X. There was X. X was X. There was X. X was X. The assessment was X. X stated that they had discussed the findings with X in detail. At this point X felt that X symptoms had X. X stated that they had discussed with X in detail X. X stated X would like to proceed with X. X would discuss this case with Dr. X and if X they would begin the scheduling process.

An X of the X dated X revealed X. X results from X shows X and X.  
X of the X dated X revealed X. There were X. X of the X dated revealed X.

X of the X dated X revealed X. There was X and X. There was X. At X,  
there was X. There was also X. At X, there was X.

Treatment to date included X.

Per utilization review adverse determination letter dated X, X, MD  
denied the request for X. Rationale: "ODG By X Last review / update  
date: X, X, and X for X and X system- X and X Treatment type: X  
Related Topics: See X. For X criteria are met, see X. For X  
recommendations after criteria are met, see X. The patient's date of  
injury on X with X noted. The patient is X and X. Has X but noted in  
records to have normal X. No X. No X. Areas of proposed X does not  
correspond to X. Therefore, the requested X is non-certified."

Per a reconsideration / utilization review adverse determination letter  
dated X, X, MD denied the request for X. Rationale "'ODG Criteria for X: X  
should correlate with clinical signs and symptoms and demonstrate a  
condition that is X. (1) X with X symptoms due to X, AND X: X. "The X  
denotes X. The patient complains of X but the X does not address the X  
where there is X. There was a prior denial for the same reasoning.  
Therefore, the request for APPEAL: X is non-certified."

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

The request under review is for X. The X results from X shows X. The X  
of the X dated X revealed X. There was X and X with X. There was X  
and X. At X, there was X. There was also X. At X, there was X. As  
noted in the initial review, the proposed X, X, does not correlate with the  
X results. The initial appeal decision indicated that the X did not address  
the X where X was noted. X was X in X. The issues raised on the  
previous determinations have not been resolved., specifically there is no  
evidence of X and X does not correspond to X findings. Given the

documentation available, the requested service for X is considered 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
- 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
- Other evidence based, scientifically valid, outcome focused guidelines

