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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 who sustained an X, when X. The diagnoses included X and X.

X was seen by X, MD on X, for X and X. X reported X. X had X. The pain was X. On examination, X. There was X. There was X. There was X. X and X. X of the X. There was a X. There was a X. X was X. There was a X. On X continued to have X and X. X presented with X. The pain was rated X. X reported X. X revealed an X. There was X. X and X.

An MRI of the X showed X. There was a X. X of the X dated X. Underlying the X. There was X noted and X.

Treatment to date included X.

Per a utilization review by X, MD on X, the request for X and possible X and X and X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Clarification is needed with the request as guidelines indicate that X is not recommended as a X. The role of X has become X. Furthermore, the X report X. There are X.

Per a utilization review by X, MD on X, the request for X and X and X and X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Clarification is needed for this request as guidelines indicated that X was not recommended as a X. The role of diagnostic X had become X. Moreover, imaging report did not suggest evidence of X. There were X where X. The prior non-certification is upheld."

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

The claimant X. The claimant was X in X and X. The claimant had continued to X. X were reported as X. The current X noted an X. There was a X. The records did not X. There was X. The X. Therefore, it is this reviewer's opinion that medical necessity is not established for the requested X.

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 (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)