# US Decisions Inc. An Independent Review Organization 3616 Far West Blvd Ste 117-501 US Austin, TX 78731

Phone: (512) 782-4560 Fax: (512) 870-8452

Email: @us-decisions.com

## Notice of Independent Review Decision Amended Letter

#### Review Outcome

Description of the service or services in dispute:

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



#### Patient Clinical History (Summary)

X is a X who was injured on X. The mechanism of injury was not available in the records provided. The diagnosis was X. X had a history of X.

An office visit note dated X was documented by X, MD. X returned for a follow-up of X. X reported X and stated X. X had X and presented to review it. X continued to have X. X reported X was X. X was X and was X. Pain was to X and X. On examination, the X showed X, X showed X, X, and X. X in X. The X was reviewed. The assessment was X. The plan was to X as it was medically necessary. X was recommended. X was to continue X and follow-up in X. X, evaluated X on X. X had X. X reported X. X would X. X rated the pain X. X had been given X. X reported X. X had X. On examination, X was noted to be X. There was X. X showed X. X showed X. X and X were X and painful. It was documented that X had X. X overall X was X. X continued to X. X were X. However, the X was not X for X. The X highly recommended that X continued to X. X was highly indicated to X. Per X note dated X, Dr. X prescribed X to help X with X. This was noted to be medically necessary.

Per the office visit note dated X, X showed X. There was X and no evidence of X.

Treatment to date X.

Per a utilization review adverse determination letter dated X, X, MD denied the request for X. Rationale: X. In this case, claimant has X. There is no documentation of X. Therefore, X is not medically necessary."

An appeal letter dated X from X documented that the X had been recommended for X as treatment for X. The X had been X and prescribed by X, MD per the attached X notes and X. X was X, for which Dr. X recommended X. Despite continued X, X continued to X per the attached clinical notes from Dr. X. The X was the best remaining option for X and to avoid the need for X. X can be categorized as X. X was the X and X of X. A recent study reported that X. The X is the only X treatment option that would benefit X. At the time, the request was medically necessary.

Per a utilization review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: X. Therefore, X is not medically necessary for X to X.

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

The ODG recommends the use of X as a X if X. In this situation, the ODG recommends the use of X for X. The provided documentation indicates the X is X. The date of X is not documented. X note indicates X since the injury date with X. There is no indication of how long the injured worker X and there is no documentation of X. As such, X is not medically necessary.

### A description and the source of the screening criteria or other clinical basis used to make the decision:

Ш	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
<b>✓</b>	Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
	Mercy Center Consensus Conference Guidelines
	Milliman Care Guidelines
<b>√</b>	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)