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***Notice of Independent Review Decision  
Amended Letter***

***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 was injured on X. X that was being used to X, and X. The diagnosis was X.

On X, X, DO evaluated X for X and X. The pain was described as X. Examination showed X and X. The diagnosis was X. X and X were ordered and X were given. On X, X reported X, pain X, and X. X was having pain with X and X. On examination, X. X was remarkable for X. There was significant X. Dr. X stated that due to X, X and X would be ordered to rule out a X. The diagnosis was X of the X.

Treatment to date included X, X.

On X, a utilization review denied the request for X was denied. Rationale: "In this case, there is no evidence of X of conservative care, including an X, X, and the X. There are no X for which this type of imaging study appears to be indicated. X were X. There is no evidence that X is under consideration. The medical necessity of this request has not clearly been demonstrated and this request has been withdrawn."

On X, the reconsideration request for X contrast was considered not medically necessary. Rationale: "In this case, there is no evidence of a X of conservative care, including an X program, X and the X. There are X appears to be indicated. X were unremarkable. There is no evidence that X is under consideration."

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

This is X claimant with X following an X. There is documentation from Dr. X which revealed the claimant to have pain and X for which X was requested. However, after discussion with a peer review physician Dr. X withdrew the request as X had not been applied.

There was a subsequent request for X which was reviewed by Dr. X on X who opined that the claimant had not exhausted conservative care and there is no documentation of X or X to warrant a MRI . This is contrary to what has been documented in Dr. X note of X. Dr. X notes that the claimant had been evaluated by a X who concurred that there is X. Furthermore, Dr. X notes there has been X that were X. There has been X since her previous evaluation.

Dr. X cites ODG guidelines which states that X would be appropriate for X

As such, medical necessity in this case would be established.

***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)