

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](mailto:@us-decisions.com)

## ***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:***

Board Certified X and 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 with date of injury X. X was X. X was X. X was diagnosed with X associated with X.

X consulted X, DO on X for a follow-up. X continued to have X. X had X. X wanted to proceed with X. X had X. X was X for the X. Dr. X was proposing X to help X with the remainder of X as X continued X. X had X. X was X. That included X. X was X. X used X. X was scheduled for a X. X was X. X showed X.

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X presented to X, DO on X for a follow-up. X reported X, depending on what X, following a X. X wished to go ahead with X. Per Dr. X, X should offer X. X had X at the X. However, X did have X. The X often X and X. X had a X at the X with X (X). Due to X with X, the X was X. The plan included X. X was taking X to help with X "X," X, and X, all of which X. X would hopefully be X in a timely manner. X affect was X, and X was scheduled for a X. Dr. X opined that X had a X. X did have some X as previously noted on the X as well.

An X of the X dated X demonstrated a X, which was X to X, X, and X. There was a X to X to X. That was a X, X, and X. There was X. There was a X seen at the X. That was a X, extending from X. There was a X was seen at the X. That was X and X.

Treatment to date included X (X), X on X, X at the X, X on X, X and X, and X.

A Peer Review Report dated X by X, MD indicated the request for X at the X with X performed X was non-authorized. The rationale was as follows "Official Disability Guidelines discusses X. This generally is a X which may be indicated in specific circumstances when X correlate to confirm a X at a X. It is not clear that such clinical findings are present at this time. Moreover, X generally are recommended early in the course of an injury in order to facilitate X; it is not clear that an X would be likely to lead to X in such a X. Moreover, the current request is for X; the medical records do not clearly document X for an X. Most notably, the injured worker did X a similar X. The records contain only limited specific data regarding the injured worker's X and, thus, a rationale for X. For these multiple reasons, this request at this time is not medically necessary and should be non-authorized."

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Per a Utilization Review Determination letter dated X, the request for X was non-authorized per the peer reviewer. The rationale was as follows: “Official Disability Guidelines discusses X. This generally is a second-line option which may be indicated in specific circumstances when X correlate to confirm a X at a X. It is not clear that such clinical findings are present at this time. Moreover, X generally are recommended early in the course of an injury in order to X; it is not clear that an X would be likely to lead to X in such a X. Moreover, the current request is for an X; the medical records do not clearly document a risk versus benefit analysis for an X. Most notably, the injured worker did X a X. The records contain only limited specific data regarding the injured worker's X and, thus, a rationale for X. For these multiple reasons, this request at this time is not medically necessary and should be non-authorized.”

A Peer Review Report was documented by X, DO on X indicating the request for X was non-authorized and not medically necessary. The rationale was as follows: “Based on the documentation provided and per the guidelines, the requested X is not considered medically necessary in this case. Injured worker previously had an X and it was noted that the injured worker had X but there was no documentation of X. Guidelines does not recommend a X unless there is X. As such the request is non-authorized.”

Per a Utilization Review Determination letter dated X, the reconsideration request of X was non-authorized per the peer reviewer. Rationale: “Based on the documentation provided and per the guidelines, the requested X is not considered medically necessary in this case. Injured worker previously had X and it was noted that the injured worker had X but there was no

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documentation of X. Guidelines does not recommend a X unless there is X. As such the request is non-authorized.”

***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 for X 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 patient X in X. There are no X submitted for review. There is no updated detailed X submitted for review. There is no documentation of recent or ongoing 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

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- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)