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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 sustained a X on X when X. X, X went X. X was X. When X, X with X. The diagnosis was X and X.

On X, X was seen by X, MD for X and X. X had X and X in the X and X. The X was X. X rated X at X. X had these complaints since X when X had sustained X. The X was located in the X. X could not X on X. X underwent X with X and was still doing X. X was taking X. On examination, X was X, X. Examination of the X demonstrated X. X, X and X was X. Dr. X opined that the X can X and it as a X in leading to X. This was evidenced by X of

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X and examination finding of X with X. Dr. X recommended a X as soon as possible to X and X, so X.

No X were documented.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “The ODG recommends an X for the treatment of X when there are X corroborated by X and a X. The documentation provided indicates that the worker reports X that X. A X of the X documented a X as well as X in the X of X. The provider states there is a X on X. There is a request for a X. When noting that there is no clear documented X on X, the requested X would not be considered medically necessary. As such, X is recommended for non-certification.”

Per an appeal review adverse determination letter dated X, the request for X was not certified. The prior denial was upheld by X, DO. The rationale was as follows: “An appeal request was made for X at X. Regarding the requested X, ODG states that an X may be performed for those with confirmed X upon X with correlating X and X after X to treat with X. The claimant had ongoing complaints of X which X to the X. X had a X. It was stated that an X and an X at X. However, the X did not confirm that the X or X was X upon the X. Additionally, there was no indication of a X in the X. As such, the appeal request for X at X is noncertified.”

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 non-certifications are upheld. There is insufficient information to support a

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change in determination, and the previous non-certifications are upheld. There are no X submitted for review. The patient has completed only X to date. 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
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)