

US Decisions Inc.  
An Independent Review Organization  
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***Notice of Independent Review Decision  
Amended Letter***

***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

***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 was injured on X when X was X on a X and X, X. The  
diagnosis was X at X and X, X.

In a Statement of Medical Necessity dated X, X, MD documented X  
diagnosis as X at X and X, X, X. The X was X, and X was X. The  
prescription was for X. X was a X. Evaluation of X had indicated that it was  
not the X for use in X. When performing X and while in X and X, X found  
that the X got X and X. X was X if for X. The prescribed X was medically

necessary to provide X and X in a X and X when the X was not an appropriate option.

Treatment to date included X, X, X, and X.

Per a utilization review adverse determination letter dated X, the X for X between X and X was noncertified by X, MD. 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. In this case, X had no X in all X and X. X and X were X. X was X. X was X. X and X were X. X was X. X was X as patient was very concerned about X. A request for X for X between X and X was made; however, X to X was not clearly established. Pending this information, this request could not be supported."

A written request for reconsideration dated X by X, CP, X, X, LLC documented that X presented to X office on X after meeting with Dr. X, to discuss some issues X had with X. A X was sent to X requesting a X as X were X. They also requested authorization for X as it was X. The request had been denied stating, "There was no X findings documented for the X to X to X." X had been utilizing the X for X, therefore, proving that X had X to X. The X was not X and required X in order for X to X. The denial also stated, "it was noted that X indicated that it was X in many X. Clarification is needed if X are X of the patient in X of X. X is needed with the request and X. X reported that the X was X causing X and the X and X made X. The addition of a X for use in X and while in X and X had been prescribed for X. The X would be used in X for X and for X. A X could not X of the X. It is with a X including X, X, X, and X that a person can realize an X. Thus, as a X, they recommended the X to address the X requirements and needs. The X for the same patient is X. Reconsideration of the determination in this case was requested based on the fact that X had been successfully utilizing a X for the X. X had proven that X met all ODG criteria for the use or X.

Per a reconsideration review adverse determination letter dated X, the appeal request for X between X and X was denied by X, MD. 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. Per guidelines, a X for a X. In this case, the patient initially had a X, X and X, X, and X on X. It was noted that X was X in X. Per Statement of Medical Necessity dated X, the prescribed X was medically necessary to provide X and X in a X and X when the X was not an appropriate opinion. Based on the Written Request for Reconsideration X dated X, the patient reported that the X for X and the X and X made X. A X to be used in X was prescribed for use for X and while in X. The patient was X to learn to X for use in X in with the use of the X. The prescribed X would be X than X. It would provide an X in X as well as provide a more X when X. The current request was for X. However, clarification is needed as to the medical necessity for the request of X and how this would improve the X. Sufficient indication is needed as to why a X was necessary versus X current X. The reviewed literature indicated that X help provide a X but do not have X and 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 Official Disability Guidelines discusses X. An X may be indicated after a detailed assessment by the prescribing physician and X on X. An appeal letter from the prescribing physician clarifies in detail why a X has currently been requested X claimant’s X. The principles and rationale discussed by the prescribing physician are consistent with the treatment guidelines and offer alternative care. For these reasons, the request for X is medically necessary

***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)