

**US Decisions Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision  
Amendment X***

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER  
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X**

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse  
determination/adverse determinations should be:

- Overturned            Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                    Agree

Provide a description of the review outcome that clearly states whether medical  
necessity exists for **each** of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. The mechanism of injury X. The diagnosis was listed as X. Per available records, there was a complaint of X. Symptoms were X. The X was rated at X. X examination of the X. There was a X. X was X. Previous treatment had included X. X improvement had been X. Per records, progress note X, reported X. An X for X. X is rated X. X exam is X. Per records, An X dated X noted X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The Official Disability Guidelines only X. Progress notes for this injured employee dated X include complaints of X. Considering these X, this request for a X. "Per a utilization review reconsideration determination letter dated X by X, MD, the request for X. Rationale: "The diagnosis is listed as X. X are mentioned. There is a complaint of X. Symptoms are X. X is rated at X. X examination of the X. There was a X. X was X. An X of the X dated X, notes X. Previous treatment has included X. X has been achieved with a X. Progress note X, reported X. An X for X. X is rated X. X exam is X. The Official Disability Guidelines (ODG) support X. In this case, there was a prior denial as progress notes for this injured employee dated X, include complaints of X. This is an appeal. As per the latest office visit note X, it is reported the claimant has X. Use of X is X. Hence, this request for X. "Thoroughly reviewed all supplied records including peer reviews. Patient with X. Provider attempted X. Now considering X but peer reviewers note concern that X. Agree with peer reviewers as patient still with X. If X and X. X,

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Patient with X. Provider attempted X. Now considering X but peer reviewers note concern that X. Agree with peer reviewers as patient still with X. If X and less in X. X

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF X**
- INTERQUAL CRITERIA**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**