

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:***

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. The diagnosis was X.

On X, X, saw X in a follow-up for the X. X stated that X had been doing X and X on X and X. X had been using X and has been on X, X. X felt that this X, and at the time X was X. X stated that X continued with X and X to X. X endorsed X and X to the X and X that appeared at X, it did not bother X at X and did not X. X active problem list included injury of X.

Upon X of the X, there was X. There was X. The X and X did appear X and X. There was X, X. There was X. X could make X, X, X. X was X.

On X, X was seen by X for a follow-up on X. X had further X denied by X. X had been doing X on X own. X stated that the X on the X and X of the X had X, slowly but surely. X stated that the biggest problem at the time was X and X to the X. X stated that X had been X, and this actually had X and X did not X. However, during the X, X continued to have X and X to the X and X. X wore X only at X. X continued on X. Upon X of the X, there was X. There was X over the X. The X and X did appear X and X. There was X. X could make X, X, X. The assessment was X and X, injury in X. X presented with symptoms were consistent with X. The plan was to continue X for X and X including X. X could use the X for comfort as needed, but did not need to use it X, X may use X as needed. Further X was denied and X was to continue with X for X and X. X biggest concern on the day was the X. Again, the importance of X and X was discussed and X of the X to assess for X was ordered and also X for the X with reevaluation between X and X was requested.

X of the X dated X demonstrated X. There was X.

X dated X demonstrated X.

X of the X dated X demonstrated X, also noted as X. However, there were no actual imaging reports submitted to support the information.

Treatment to date included X and X with improvement.

Per a utilization review adverse determination letter dated X by X the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence based, peer reviewed guidelines below, this request is non-certified. A. peer review was attempted, did not occur. In this case the patient had X per X with X, but X did continue to have X and X. The provider requested X. However,

adding the current request from the X already exceeds the guideline recommendation. Moreover, there was no clear evidence of X as well as exceptional factors documented to warrant X versus X. Thus, the request is not medically necessary.”

Per a peer to peer discussion with X on X, the appeal request for X was denied. Rationale: “The main reason for X would be to X in the injured X, however, X gained from prior X could not be fully validated in the provided medical records or through the peer to peer discussion to establish efficacy and warrant X at this time. In addition, the actual X reports were not submitted in this review to objectively validate X from prior X received, Moreover, the current request in addition to the X to date exceeds the guidelines recommendation. X in excess of recommendation does require X, which was not established in this case. Based on the clinical information submitted for this review and using the evidenced-based, peer-review guidelines referenced below, this request is non-certified.”

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

The requests for X was reviewed. The ODG recommends X for the medical management of X. The documentation provided indicates that the X was diagnosed with X. Additional treatment included X. The X reported at the most recent visit that X is X but there has been X of the X and X. An exam documented X. The provider recommended X and X for the X. When noting that the current request exceeds guidelines, there are X in the X and X, and X cannot be followed, X for the X would not be supported. As such, X is not supported as 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
- 
- 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)