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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 was injured on X. X worked for X and X. X on X. The diagnosis was X.

On X, X was evaluated by X, MD for X. X had X symptoms and was interested in X. X reported X at X. On examination, the X was X. The X was X. The X revealed X. X was X. X and X was noted. X was X due to patient X. X was X. X was X. X was X for X. X was X. The assessment

included X and X, initial encounter. X with X and X was recommended. X elected to proceed with X.

An X of the X dated X demonstrated the following: 1. X. 2. X. 3. X. An X of the X dated X revealed no evidence of X. No obvious X were noted. X were noted including X and X with the most involved compartment being X and X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X as requested by X, MD at X was denied. Rationale: "This X sustained an injury on X. On the X dated examination, the patient had X. A X revealed X. There is X. There is a X. A X report of the X dated X revealed the X. X treatment in the form of X has been X and X. However, the patient is X with an X of X. Therefore, the requested outpatient: X, is not medically necessary."

Per a reconsideration review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: "ODG recommends X or X. It is not recommended for X (X) in the X, or for X with X who are more appropriately treated with X. Based upon the medical documentation presently available for review, the above-noted reference does not support a medical necessity for this specific request. X is preferred when X selected X in the X, and X are X. It is noted there is presence of X per X, which is inconsistent to the guideline. The Physician Advisor is unable to validate medical necessity of this request at this time. As such, the request is non-certified."

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

The claimant had been followed for X with X evidence of X and X at the X. There was X noted in all compartments. The claimant was placed on X and received an X. The claimant was referred for X in X and attended X through X. The X records noted the claimant was

progressing with treatment and was recommended to continue with treatment. The current evaluation of the claimant noted X with X. The X noted X. X or X was evident. The records do support the presence of a X at the X based on X and X findings. However, without evidence of X or X, current evidence based guidelines would recommend continuing with X such as X in X. The records did not detail X and the X reports noted the claimant was X. Therefore, it is this reviewer's opinion that medical necessity for the proposed X procedures has not been established for the requested X.

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)

