

True Decisions Inc.
An Independent Review Organization
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Notice of Independent Review Decision

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

Review Outcome:

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 who was injured on X in a X. The diagnosis was X.

X, LPC-A completed a letter dated X and stated, "X began X. At that time X complained of X. A X evaluation performed by X, X, X, X determined that X had been experiencing X. X was diagnosed as X. The results of an initial X. A later X assessment X. A copy of these results is included in this package. The X results correlate with the determinations of X. X has completed X. It is a X. A comparison of the most recent two documents reveal that X had a X. Review of a recent X. We began a X. X has completed X. Session results are X. Included is a X. After only X. However, it is expected that further X."

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, the request for

X. Rationale: "Per ODG, "X." In this case, the patient had already attended at X. However, X continues to have X. X needs to X. However, the requested X. Therefore, the request is X. Per ODG, " X." In this case, the patient had already attended at X. However, X continues to have X. X needs to X. However, the requested X."

Per an appeal letter dated X by X, MS, X, it was documented, "Several items need to X. First, as our office was X. To comment on X. The supporting X. X initially started this form of X. As per letter (dated X and X:X. Most recent documents did indicate X. It is anticipated with X. Based on X accepted X. X has had X. Guidelines referenced below does X. X is beyond X. Lastly, as documented due to X. X medical diagnoses are as follows: X. With specific information provided of medical records reviewed, patient report and careful review of Official Disability Guidelines (ODG) - managed by MCG- TWC, referenced above, our request for the X. Projected treatment is X."

Per a Physician Advisor Determination letter dated X by X, MD, the appeal request for X. Rationale: "The claimant has X. There are no documented X. The appeal request is X. Guidelines do not support the use of X. The claimant has X. As such, this request is X. Therefore, the appeal request for X."

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

Based on the submitted records and guidelines, the treatment guidelines X. The claimant has X. The number of requested X. The submitted records indicated the claimant X. X progress is X. Based on this information the 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 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
- 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)