

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**

**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:

X

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. The mechanism of injury was noted to be X. The diagnosis was X. On X, X was seen by X. MD for a follow up. X was X. X reported X. X reported that X. X reported that the X. X reported that X. X was not X. Examination of the X. X over the X was noted. Per a X note by X, X dated X, X reported significant improvement in X. On examination, X. Minimally X was noted. X was noted to be X. X was observed as X. There was X. Treatment to date included medications X. Per a utilization review adverse determination letter and medical review by X, DO dated X, the request for X: "ODG by X, X: Approval of the program should include evidence of a X. This X examination should include the following components: (a)X; (b)X; (c)X; (d)X; (e)X. Screening should include X to determine if the patient has X. The testing should also be X. Development of the X. (3) X demands: X. These X demands generally X. There should be evidence of a valid X. There is X. There is X. As such, the

request is X. “An appeal letter dated X, “X” (X) submitted an appeal on behalf of our X. X believed that there was X. Per a reconsideration review adverse determination letter and peer review report by X, MD dated X, the request for X. Rationale: “The request for X. X and requirements are X. X evaluation is not provided. As such, it is not possible to determine the need for X. X discussed the case with X, X. X explained that both the X. Therefore, the request X The ODG conditionally recommends X. The program timeline should not exceed X. In this case, the X underwent a X. The treatment has since included X. The documentation does not indicate that there is a X. The provided information is X. Based on the available information, X.

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

The ODG conditionally recommends X. The program timeline should X. In this case, the X underwent a X. The treatment has since included X. The documentation does not indicate that there is a X. Furthermore, the documentation suggests that they are X. The provided information is X. Based on the available information, 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
- 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL