

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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. On X, while working, X was X. The diagnosis was X.

X was evaluated by X, MD on X with a complaint of X. X stated that X. X stated X was X. X also X. X stated X worked X. X conservative treatment consisted of X. X stated X was going to X. X had X with Dr. X. X was X. X was referred by Dr. X. X had a past medical history of X. X had X. X stated X. The pain level was X. X had a X by Dr. X. X had X. X symptoms were X. X stated the X. X was currently taking X. X was prescribed a X. X was currently X. X did a X. X was on X. X was X. X stated that X. The examination was X. The assessment was X. X was status X. X had X. Review of X. Dr. X stated they also discussed the X. X would like to X. Dr. X would like for X. On X, X was evaluated by Dr. X. X stated X symptoms were X. Current symptoms consisted of X. Examination was X. The assessment was X. X intervention was discussed and X agreed to proceed. A X.

An X revealed X. There was X. There was X. The X was otherwise X. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. This injured employee has had a X. Accordingly, it is X. Without additional justification, this request for X.”

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale “It is X. Although there are complaints of X. Specifically, there is a X examination. Additionally, X. Accordingly, this request for X.”

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

The requested procedure X. The claimant reports an injury which occurred on X. The claimant had attended X. An X. The X. The X. At X. A prior X. The medical records X. Furthermore, there is only X. At X, there is X. The records X. Furthermore, a X. Therefore, 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
- 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