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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 per referral, and X per medical records). X was out X. The X and X. The diagnosis was X of X.

A X Evaluation was completed by X, PTA on X. X demonstrated the ability to perform X. X demonstrated the ability to perform X. The return to X items X was X. Based on X, X may be able to X. It should be noted that X as a X. During the testing, X demonstrated X. The overall results of the evaluation X. During X testing, the items that were X. X lifted X. X abilities were evaluated and X pulled X. The X activities X should avoid within a X environment included X. The limiting factor(s) noted during the testing included X. On X, X had a consultation with X, MD for X. X was able to stand X. X rated X. Pain was X. No significant changes were noted since the last visit in the X. Examination showed X to be using a X. The diagnosis

was X. The plan was to continue the X. Per a Progress Summary dated X by X, X, it was documented that X had continued to X. X reported that upon entering the program, X was suffering from X; however, after completion of the approved sessions in the X, X was beginning to understand that X. With the help of the X. Although X. X seemed open to the X. X continued to be a X; X had acknowledged X. X was increasing X awareness of the thought processes that intensified X. X would benefit greatly from continuing this X. X had become engaged in the program and would use additional program sessions to X. X was participating in X. X also had set some personal goals that would probably help to X. X motivation to complete X. The request for X. The goal was to provide a foundation of X. They would continue to work with X. X reported that X. X range of motion and X showed X. X was X. X began attending the X. X had missed sessions due to other X. X had completed X. A request for X was placed, thus awarding X the opportunity to build a X. Additional time would be used to help X adjust to changes associated with X injury and come to terms with the fact that X. Furthermore, additional time would be used to address issues of X to allow X. X scored a X. After completion of sessions in the X, X scored a X. X scored a X. After completion of sessions in the X, X scored an X. On the X, the following scores were received: X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, PhD, the request for X. Rationale: "This is a request for an X. This is X. Previous reviews are below. Patient has gained X. X are X. Request says X has more X. X has improved on the X an on the X. X have had significant improvement. Not sure what medication X is taking at present, X. Called requestor at: noon on X. Left message on voicemail for call back on my cell by X. Called again at X. Was sent to X. This request must be denied, since X was unable to X. Other questions remain X."

Per an appeal letter dated X by X, it was stated that, reviewer denied The X due to "unable to speak to provider." X also stated that it was X. This was the first time that "X" had been submitted. The Provider X." X reported X didn't make " X." X was unable to X. X continued X. X seemed to really be trying to " X. X. The X offered a X. The goal X." X had goals for the next s X. X also reported that X. These were all things being worked on in the

program. X had increased X. Compared to how X. X demonstrated a X. Before the program, X. They requested that X.

Per an adverse determination letter dated X by X, MD, the reconsideration request for X. Rationale: "Per the Official Disability Guidelines, "Treatment is not suggested for X. (Note: X.) However, it is also X." In this case, very X. At the rate of progress, it is X. There is X. Furthermore, the prior review noted that the X. The request is not shown to be X. As such, the X."

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

The request for X. Per the clinical documentation, the claimant has X. Given this X. X would agree with the previous determination as the X. Given the documentation available, the requested X.

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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)**