US Decisions Inc.
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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:

☐ Overturned Disagree

☐ Partially Overtuned Agree in part/Disagree in part

☒ Upheld Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X described the X. X was the X. X during the X. The diagnosis was X. X, PA-C /X, MD evaluated X on X. X described the X. X workup at the time was X. The X was X. It X with X. It was associated with X. X was followed by Dr.

X. At the time, X presented for follow-up. X was X. X continued to have X. X wanted to X. The X was X. The examination noted a X. A slightly X was noted. X was X. The assessment was X. X were continued. It was noted that X was a candidate for X. The treatment plan would include X. It was noted that X had evidence of X. It had X. X was reviewed and X. X will be scheduled for a X. The goal was X. If X noticed X. If there was X. X had X. X had a X. X was recommended as the X. In an addendum dated X, X noted that the X. Since most of X was now located in the X. An X of the X dated X revealed at X. At X. Per a utilization review adverse determination letter dated X, the request for X. Rationale: “ODG by X: At the time of initial use of an X. A X is X. Approval of a X. There should be an X. This recommendation only applies to the X." In this case, the recent X. Therefore, the request for X. “Per a reconsideration review adverse determination letter dated X, the appeal request for X. X was provided. The requested X. The patient previously received an X. Given this information, a X. Furthermore, X. The work injury occurred on X. The request for this X.

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

The requested X. The patient previously received an X. Given this information, a X. Furthermore, X. The work injury occurred on X. The request for 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 X**

☐ **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)**