

**Clear Resolutions Inc.**  
**An Independent Review Organization**  
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***Patient Clinical History (Summary)***

X who was injured on X. X was working with X. X was diagnosed with X.

X, MD evaluated X on X for X. X complained of X. The pain was made worse by X. The pain level was X. X had been treated in X for X injuries. X sustained a X. X had received X. At the time, X presented for an additional evaluation secondary to X attending X. X endorsed X. X also had X involving the X. X continued to X. X rated the X. The symptoms had X. X had been performing X. X also had pain in the X. The pain level was X. X was wearing an X. The X examination showed pain to X. The X examination showed X. X had pain to X.

X-rays of the X dated X showed X. X-rays of the X revealed X.

Treatment to date included medications X.

Per a Utilization Review Determination Letter dated X by X, MD, the request for X was non-certified. Rationale: "Peer to peer calls were attempted but a case discussion was unsuccessful. Data is not clear if there has been X. Regardless, an initial course of X is not indicated. I am unable to modify requests in Texas without MD agreement, and thus the request must be non-certified. Therefore, the request for X is non-certified. In the X, it was noted that the patient has had X. Further X does appear appropriate, but I am not able to make a recommendation for another X. Again, I am unable to modify requests in Texas without

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MD agreement, and thus the request must be non-certified. Therefore, the request for X is non-certified.”

Per a Reconsideration Review Determination Letter dated X by X, MD, the request for X was denied. Rationale: “Regarding the requested X. The previous request for X was denied as the patient X. The patient complained of X. The patient reported that with X, there had been an improvement in X, it was reported that the patient was able to complete X exercises with difficulty due to pain. The physical exam findings of the X noted a X. The request for an X exceeds the recommended number of sessions. The patient has made progress with X regarding movement and pain. The physical exam findings noted continued pain over the X. The patient was ordered X. As the patient is noted to have X, it is unclear what benefit X would offer X. The patient’s response to medications is unclear. Also, the patient has already received X. There are no exceptional clinical findings that would support the treatment outside of the recommended guidelines. Recommend noncertification. Regarding the requested X. The previous request for X was denied as an initial course of X. The patient complained of a X. X rated X pain at a X. X stated that X symptoms had worsened with the X. The physician reported that the patient had previously had X. However, the outcomes of the X were not documented. The physical exam findings of the X. It was reported that the patient had difficulty standing on X. The exam findings of the X noted pain on X. It is not known if the patient responded positively to previous physical therapy. As the efficacy of the previous treatments is not known, additional physical therapy cannot be recommended. Recommend noncertification.”

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

After reviewing the case, X presented for medical care again several months after X original injury in X. X was evaluated by Dr. X on X for continued pain and had x-rays showing an X. Although X received X

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after the original injury, X continued to have pain. I do not believe that X would have sought out an additional evaluation if X was not having ongoing pain. In addition, the x-rays performed on X showed the X to be still present in the X was not completely X. Because of X continued pain and evidence of incomplete healing, I think that it was very reasonable for Dr. X to recommend X. Given the documentation available, the requested service(s) is considered medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)

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- Other evidence based, scientifically valid, outcome focused guidelines  
(Provide a description)

**Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.