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

X with a date of injury X. X injured the X. X was diagnosed with X.

X, MD evaluated X on X for X pain. The pain X. X was able to X. The pain level was X at the time. It was X at its X at its best. The pain was X. Nothing made the pain feel better. X had no improvement in pain after the X. The X examination revealed X. X sign, X. X had pain in the X.

On X, X returned to see Dr. X for a follow-up of X pain. X were denied in spite of meeting official disability guidelines (ODG). X mood was X. The examination revealed X.

An MRI of the X dated X showed X. A CT scan of the X. The X might represent an X. An MRI examination X was recommended X. A X was noted containing a X. X-rays of the X dated X showed X. X-rays of the X.

Treatment to date consisted of medications X

Per a peer review by X, MD / utilization review adverse determination letter dated X, the request for X, one, was non certified. Rationale: “Official Disability Guidelines discusses X. Such treatment is ‘not recommended for X.’ The treatment guidelines recommend X only on a case by case basis for X; the medical records do not document such diagnosis nor an alternate rationale to support this request for X. Without further clarification, the request at this time is not medically necessary and should be noncertified.”

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Notice of Independent Review Decision

Per a peer review by X, MD / utilization review reconsideration letter dated X, the request for X, one, was denied. Rationale: “There was a previous adverse determination dated X, whereby the previous reviewer non-certified the request for X. The reviewer noted that the Official Disability Guidelines discussed X. Such treatment was not recommended for X. The treatment guidelines recommended X only on a case by case basis for X, and the medical records did not document such diagnosis nor an alternate rationale to support the request for X. Without further clarification, the request was not medically necessary and should be noncertified. This is a request for an appeal. Regarding the request for X, ODG, X are not recommended for X. Recommend on a case-by-case basis for X. Consideration can be made if the X is required for one of the generally recommended indications for X. Indications for X. Within the documentation available for review, there is no identification of X would be indicated. Additionally, no rationale has been provided to support the need for this procedure despite guideline recommendation against it. As such, the currently requested X are not medically necessary.”

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

The patient presents with X pain that was non-responsive to a X. The provider demonstrates in his examination that X is indeed present on examination. X has failed. Two prior reviews cite the guidelines that X do not meet the guidelines for X– these are correct. The ODG has recently changed with respect to X, in that specific evidence of X must be demonstrated – these are classified as X. It is unclear whether the patient meets one of these diagnostic criteria. X that produces non-specific X pain no longer meets the ODG requirements. Given the documentation available, the requested service(s) is considered not medically necessary.

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

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- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ 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)
- ☐ 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.

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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.