

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

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

On X, X was evaluated by X, MD for the X. The pain was rated as X and was worsened with X. X experienced pain with X. The pain was associated with X. X had started X and noted that the pain had X. The examination of the X showed X. X sign, X, X test, and X sign were X.

An MRI of the X revealed X. There was X. There was X within the X. There was X. There was X.

Treatment to date consisted of medications X.

Per Utilization Review Determination letter by X, MD dated X, the request for X was denied. It was determined that X had ongoing complaints of X on examination. However, guidelines require at least X prior to X, and it had not been X since the date of injury. The medical necessity had not been established. Also, the request for X was not medically necessary. The request was secondary to the indicated surgery and therefore, likewise, medical necessity had not been established, therefore, the request was non-certified.

Per Adverse Determination Letter by X, DO dated X, the request was non-certified. The request for Appeal for X were not medically necessary. X presented with complaints of X pain. X was previously treated with X. However, X was recommended by guidelines only after

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X. In this case, it had not been X since X date of injury. As such, medical necessity had not been established. Also, an appeal for a purchase of X was not medically necessary. The above request was secondary to the indicated surgery and therefore, likewise, medical necessity had not been established.

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

The ODG supports X with a history, physical exam, and imaging are indicative of X and there is been a X. Guidelines support a X. A concurrent X is supported when there is evidence of X. A concurrent X is supported when there is X. Guidelines support X. The documentation provided indicates the injured worker has had X. A physical examination documented X. An MRI of the X documented X. The treating provider has recommended a X. Based on the documentation provided, the requested X would be considered medically necessary as there has been X. A physical examination and imaging are indicative of X as well as X. It is unlikely that additional X would result in meaningful improvement. As such, the request is recommended for certification. 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

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- 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.

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.