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***Patient Clinical History (Summary)***

X. X had severe pain at the time and was unable to use X. X was diagnosed with X.

X, MD evaluated X on X for a follow-up of X pain. X reported no improvement X prior visit and felt X had worsened. X had undergone X weeks of X. X had been unable to work due to the pain in X. X was interested in pursuing further treatment. X was noted to be in X on examination. X revealed no X.

An X of the X dated X revealed X. X dated X showed X. A X could not be excluded. There was no evidence of X.

Treatment to date included X.

Per a utilization review determination letter and a peer review dated X, X, MD denied the request for X, as not medically necessary. Rationale: "The records submitted for review would not support the requested procedures as reasonable or necessary. The records did note ongoing X pain; however, the current physical exam findings were very limited. There was normal X noted without any significant X. The records also did not document failure of X to include any recent X reports or X. Given these issues, which do not meet guideline recommendations, this reviewer cannot recommend certification for the request."

Per a reconsideration review determination letter dated X and a peer review dated X, X, MD recommended that the reconsideration prospective request for X between X be noncertified. Rationale: This request is not supported. A diagnostic X is only indicated if other objective findings are unclear and pain persists. This claimant has an MRI of the X, which reveals X. There was a normal physical examination. No X has been provided specifically at the X. Considering this lack of diagnostic procedure, as well as examination findings and imaging studies, this request for a X is not medically necessary.”

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

The ODG supports X when there is ongoing X pain and X despite X and imaging has been inconclusive. The documentation provided indicates that the injured worker complains of X pain despite X. A recent X documented no X. There is a diagnosis of a X. An X of X documented X. Based on the documentation provided, a X would not be supported as there is no documented X, and there is no indication that imaging is inconclusive. 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:***

- 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)
- 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.