

**Clear Resolutions Inc.**  
**An Independent Review Organization**  
**3616 Far West Boulevard Suite B**  
**Austin, TX 78731**  
**Phone: (512) 879-6370**  
**Fax: (512) 572-0836**

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

X is a X with a date of injury X. X injured X on the job, when X was X. X. X was diagnosed with X

On X, X was evaluated by X, MD for the X injury. It was noted after injury to the X, X had X. X noted some X as well. X continued to have pain along the X. X was working with restrictions. On examination, X ambulated on X. There was significant X. There was a X.

X was seen by X, MD on X for the follow-up on X. The symptoms were located in the X. They occurred intermittently and the pain was described as X in nature. The severity of the pain was X. Associated symptoms included X. The pain was exacerbated by X. The examination showed X. X was X on the X. X. X was approximately X of the way toward meeting the physical requirements of X job.

An X of the X dated X revealed an X area of X. There were small X. X of the X dated X demonstrated mild X not completely excluded.

Treatment to date consisted of medications (X), X.

Per the Utilization Review report dated X by X, DO, the request for X was denied. It was determined that per Official Disability Guidelines, "Imaging Clinical Findings showed X x-rays demonstrating X." However, there was no X for review of the evidence of X. Therefore, the request was not medically necessary or appropriate.

Per the Utilization Review report dated X by X, MD, the reconsideration request was non-certified. Rationale: “Submitted documentation revealed continued complaints of X reported. No X identified on exam and no significant X identified on X. The claimant is reported to have completed X but no evidence that all X have been exhausted. X had suggested mild X but ODG recommends X demonstrating X. In this case, the claimant is about X months post injury with reported X pain, mild X and although X may be a foreseeable possibility, all X should be exhausted and X should be performed, which is not evident, and not considered with current guidelines. Prior denial is upheld, and I recommend to not certify.”

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

The ODG indicates X provides a minimally invasive treatment option for a wide variety indications including X. The provided documentation indicates the injured worker had persistent X pain and X out from injury despite treatment with X. There are physical examination findings of X. An X of the X revealed X. Per prior utilization review reports, the request is for X. When noting there is persistent pain and X in the setting of X findings that include X is supported. As there is no evidence of a X is not supported. As there is no evidence of significant X on X, no evidence of objective instability and physical examination, and no evidence of X, X is not supported. Based on the available information, recommendation is for partially overturning the prior denial is with certification of X, 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)
- 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.