

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

X who was injured on X. X was X, when X was X. X attempted to X, and X. X. X was diagnosed with X.

On X, X was evaluated by X, MD for follow-up of X. X continued to have pain with X. X was noted on X examination. On X examination, X degrees and X degrees. X were negative. There was X,. The X showed X. X tests were negative. X were tender to palpation. X were nontender. Positive X was noted. X test and X test were positive X. X-rays were reviewed and did show some X. Per the note dated X, Dr. X documented that X had X and thought X would benefit from X to address X. Dr. X opined X ongoing condition was directly and causally related to X work injury. X had failed X to include X. Per the X follow-up visit note by Dr.X, X had a X scheduled, but it was denied. X was undergoing an appeal for X at the time. The examination was unchanged from the X visit. Dr. X opined that X ongoing condition was directly and causally related to X work injury. Dr. X felt X best bet for long-term pain relief and to address X, was with X.

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An X of the X dated X revealed a X. An X was noted. A X . No X was seen. There was X. X was noted.

Treatment to date consisted of medications X.

Per a utilization review adverse determination letter and a peer review by X, MD, dated X, the request for X was denied. Rationale: “The Official Disability Guidelines (ODG) supports X. The documentation provided indicates that the injured worker has ongoing complaints of X despite X. A physical examination documented X and a positive X. The provider states that an MRI documented a X. There is a request for a X. Based on the documentation provided, the ODG would not support the requested X as there is no indication that imaging has been inconclusive. The request is recommended for non-certification. The ODG supports X. Additional criteria are listed below, The documentation provided indicates that the injured worker has ongoing complaints of X pain and X despite X. A physical exam documented X and a positive X. The provider states that an X documented a X. The imaging report is not included. There is a request for a X. Based on the documentation provided, while the injured worker has met X criteria for a X, there is no imaging report included to confirm the presence of a X on imaging. As such, the request is recommended for non-certification. The ODG supports X. The documentation provided indicates that the injured worker has ongoing complaints of X pain and X. A physical exam documented X and a positive X. The provider states that an X documented a X. The imaging report is not included. There is a request for a X. Based on the documentation provided, the ODG would not support an X. The request is recommended for non-certification.”

A reconsideration review adverse determination letter dated X by X, MD indicated that the appeal request for X was received on X. After completion of review, the request was noncertified as the proposed

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treatment did not meet medical necessity guidelines. It was determined that the Official Disability Guidelines, X chapter, only supported a X. There should also be corresponding findings on physical examination consistent with a X as well as X identified on imaging studies. The procedure was not supported if there was X in older patients. The previous review stated that there was no MRI report provided to support a X. There was an MRI report provided indicating the present of X. However, the MRI as well as the radiographs of X showed X findings. The ODG did not support X. Considering the examination findings, the request was not medically necessary.

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

The claimant has presented with ongoing X. The claimant's physical exam findings did note X. While the claimant's imaging did note some evidence of X, the claimant's physical exam findings did not detail any significant concerns regarding X. The claimant had failed to improve with reasonable non-operative measures to include X. The claimant's MRI studies did note evidence of a X. There was no evidence of X. Given the clear indications for X, it is also unclear why a X was requested. Therefore, this reviewer would only recommend proceeding with X. Given the documentation available, this 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

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- 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.