Clear Resolutions Inc.
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:
X
☑

Patient Clinical History (Summary)

X who was injured on X when X. X was diagnosed with X.

On X, X underwent a X, performed by X, MD. The X.

On X, X, MD performed X. The X

Per a X plan summary dated X by X, PT and cosigned by X, MD, X had X. X had X. X had X. X had pain along the X. X had X. Per assessment, X had X. X was recommended.

X, MD evaluated X on X for X. X had X. The X. It was on the X. The pain worsened with X. It was X. On examination, the X. There was X. An MRI of the X had shown X.

An MRI of the X dated X showed a X. There was X. There was X. There was X. There was X. X-rays of the X. There was a X.

Treatment to date included medications X.

Per a utilization review determination letter dated X and a review summary by X, MD, the request for X was denied. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Although the most recent exam showed X test and X test, X were all X, there was X. In addition, the mentioned x-ray report in the most recent visit that showed X. The totality of the requested X. Clarification is needed for the request and how X.”

X underwent a X evaluation on X, performed by X, MD. X was scheduled to have X. X consented for X.

On X, X presented to X, MD / Dr. X for a follow-up. X reported X. X had X. The examination remained unchanged from the prior visit except X test. The X.

Per a reconsideration letter dated X and review summary by X, MD, the request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is recommended for those with significant X. In this case, the patient presented for a follow-up of X. Since last seen in clinic, X reported X. X described X pain as X. A request for an APPEAL X was made. Although the presenting X may warrant the need for the requested X, there was X was exhausted as guidelines stated that X is recommended for X. There were X notes submitted to objectively validate X received. Although the patient had tried X, which gave X was not submitted for validation and review. There were X identified. Clarification is needed with regards to the request and how X.”

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

The ODG recommends repair of X. The ODG recommends X. The ODG recommends X. The provided documentation indicates the injured worker X. There is evidence of X. The symptoms persist despite treatment that has included X. The X X. There are X examination findings of X. There are MRI findings of a X. When noting there has been a X. When noting there is X. When noting there is a X. Based on the available information and ODG recommendation X are 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
- ☐
- ☐ 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.