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An Independent Review Organization
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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 X

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

X

Patient Clinical History (Summary)

X who was X. X and X. X was diagnosed with X.

X was seen by X, MD on X. X reported X. X was X. X rated the X. The pain was X. X had X. X stated X pain was X. The pain was X. X and X. X had X. X had X. X revealed X. X had some X. X had a X. X has a X. X had a X. There was X. X had a X.

An MRI of the X.

Treatment to date included X.

Per a X, the request for X as required and X was noncertified.

Rationale, "When considering the date of injury, X as identified in the

Official Disability Guidelines this X is not clinically indicated. Understanding X, and there are X. Therefore, this is not clinically indicated.”

Per a reconsideration review by X, MD on X, the request for X was noncertified. Rationale, “The Official Disability Guidelines do not support a X. Although this claimant has X. Performing a X. Accordingly, this request is not medically necessary.”

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

The ODG recommends X. The ODG recommends at X. The provided documentation indicates the X. The X. MRI findings show X. There is a X. While there is X. Based on the available information, X is 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)