

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

Patient Clinical History (Summary)

X who was injured on X. The biomechanics of the injury were not available in the medical records. X was diagnosed with X.

X was seen by X, MD on X and X. On X, X presented for a follow-up of X. X had undergone X. X continued to have X. The X examination showed X. There X. X test was X. The X was X. Dr. X assessed X by clinical examination with X and requested an MRI to X. On X, X continued to have X. X also continued to be X. X did not have any X MRI despite X. The X examination remained essentially unchanged.

X-rays of the X dated X showed X.

The treatment to date included medications X on X.

Per a utilization review decision letter dated X, the request for an MRI of the X was denied by X, MD. Rationale: "Per evidence-based guidelines, repeat magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms and / or findings suggestive of significant new pathology. In this case, the patient complained of X. Per Magnetic Resonance Imaging of the X dated X, there was a X. A request for magnetic resonance imaging of the X was made. However, objective evidence of significant change in symptoms and / or findings suggestive of significant X could not be established. There were no other office visits for comparative evaluation to support the presence of X. Also, the official result of the x-ray should be submitted for review. Clarification is needed for the request and how it might change the

treatment recommendations as well as the patient's clinical outcomes. Clear exceptional factors could not be identified."

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Per evidence-based guidelines, repeat magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms and / or findings suggestive of significant X. In this case, the patient complained of X. MRI of the X dated X showed a, X. It was noted that the patient underwent X on X. An MRI of the X was requested; however, objective clinical findings presented were insufficient to necessitate a need for a diagnostic workup. A comprehensive and thorough assessment of the patient's condition is deemed necessary to substantiate and justify any provision of healthcare management. Furthermore, the findings / interpretation of the x-ray two views of the X performed in the office visit dated X was not documented to identify if a definitive diagnosis is not readily available prior to the consideration of an MRT study. Clarification is needed with the request and how it might affect the patient's clinical outcomes. Exceptional factors were not identified."

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

Based on the clinical information provided, the request for An MRI of the X: Magnetic resonance imaging of X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review decision letter dated X, the request for an MRI of the X was denied by X, MD. Rationale: "Per evidence-based guidelines, repeat magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms and / or findings suggestive of significant X. In this case, the patient complained of X. Per Magnetic Resonance Imaging of the X dated X, there was a X. A request for magnetic resonance imaging of the X was made. However, objective evidence of significant change in symptoms and / or findings suggestive of significant X could not be established. There were no other office visits for comparative evaluation to support the presence of X. Also, the official result of the x-ray should be submitted for review. Clarification is needed for the request and how it might change the treatment recommendations as well as the patient's clinical outcomes. Clear exceptional factors could not be identified." Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Per evidence-based guidelines, repeat magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms and / or findings suggestive of significant X. In this case, the patient complained of X. MRI of the X dated X showed a X. It was noted that the patient underwent X. An MRI of the X was requested; however, objective clinical findings presented were insufficient to necessitate a need for a diagnostic workup. A comprehensive and thorough assessment of the patient's

condition is deemed necessary to substantiate and justify any provision of healthcare management. Furthermore, the findings / interpretation of the x-ray two views of the X performed in the office visit dated X was not documented to identify if a definitive diagnosis is not readily available prior to the consideration of an MRT study. Clarification is needed with the request and how it might affect the patient's clinical outcomes. Exceptional factors were not identified.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no indication that the patient presents with a significant change in clinical presentation. There is no documentation of recent active treatment. There is no documentation of injection therapy. 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.