

Clear Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 CR
Austin, TX 78731
Phone: (512) 879-6370
Fax: (512) 572-0836
Email: resolutions.manager@cri-iro.com

Patient Clinical History (Summary)

X with a date of injury X. X. The diagnoses were X.

X was seen by X, MD on X for X. X. X had been worked up at an X with an MRI showing a X. On examination of the X, X had a X.

An MRI of the X performed on X showed a recent X, resulting in X; X this patient to X; X.

Treatment included X.

Per a utilization review letter dated X by X, MD, the requested service X was non-certified. Rationale: "The ODG recommends an X when there are significant mechanical symptoms or X. The ODG recommends X for select patients who have X. Based on the clinical documentation provided, the injured worker sustained a X. An MRI demonstrated X. The provider indicated that there is a presence of a X that was not documented on the MRI report. The injured worker reports X. There is no documentation suggesting what X have been X. On examination, there is X documented. There is insufficient documentation of subjective and objective mechanical symptoms to support proceeding to X. Based on the ODG recommendations and the available information, a X is not medically necessary. Therefore, recommend non-certification."

Per a utilization review letter dated X by X, DO, the requested service X per X order was non-certified. Rationale: "According to the Official Disability Guidelines X is recommended with significant mechanical symptoms are consistent with a X. Additionally, a X is indicated for X. There must be documented X. Within the documentation, it was noted the patient did have evidence of a X. There is also no indication within the MRI that the patient has evidence of X. Therefore, as the patient has not had a X is not medically necessary and is non-certified."

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

In review of the clinical findings, there is evidence of a previous X. There was no clear evidence of X. No X was evident. There was also no evidence of a X. The records provided also did not document any attempt at X prior to considering X. There are X records demonstrating X or that the claimant reached a X. Given these issues, it is this reviewer's opinion that medical necessity is not established and the prior denials are upheld.

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
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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.