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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 X

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

X

Patient Clinical History (Summary)

X is a X with date of X. X when X some X while X. X was diagnosed with X.

X was seen by X, MD on X for X. X had X that was caused by X. X rated the X. The X was X and X. On examination, the X was X. A X examination was performed on X for X. X documented that X had been instructed by X to X. Dr. X with that. X would prescribe the usual X and X. X rated the X. On examination, the X and X. The X was X. A X was performed on X. X reported the X. X and X. The X. X had X. Dr. X advised X to consult with X primary care physician for X. X quality of life had X. X could X. X was responsible for X and X. X had X. X was a candidate for X. X was X. X rated the X. The X was X. On examination, the X was X and X. The X was X. Per an audiovisual visit dated X, and

X. X was on X. X rated the X. On examination, the X was X and X. It was X.

Per a response letter by Dr. X did X.

An appeal letter dated X by X was included in the records.

A CT scan of the X demonstrated broad X. X was noted along the course of the X. X dated X demonstrated previous X and X.

Treatment to date included X.

Per a X by X, MD, the request for X was noncertified. X: "Official X discusses the X. X are not generally recommended for X such as at this time. Moreover, X are not generally known to be recommended or effective for the management of X. It is not clear that this patient has X before considering X. Moreover, the medical record, do not include X. Overall, the X have not X. X would be recommended given the nature of the X." The request for X was noncertified. X: "X. This X is generally recommended as a X. The medical records at this time do not document such a clinical scenario. A X or X for the ongoing use of this X. The request should be noncertified."

Per a X by X, DO, the request for X. X: "Based on the documentation provided and the X, the requested X. Therefore, given the X." The request for X. X: "Based on the documentation provided and per the guidelines, the requested X is not considered medically necessary in this case. Though the claimant has a history of X. Therefore, the request of X is not medically necessary. X is recommended due to the nature of this X."

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

The claimant had been followed for X. The claimant had an X. The claimant's X history included X. Regarding X, the current evidence

based guidelines do not recommend routine use of X. X can be considered for X. There was no indication from the provided records that the claimant has developed X. No other X. Given these issues which do not meet guideline recommendations, it is this reviewer's opinion that medical necessity is not established and the prior denials are upheld. Regarding X, the use of X. The current evidence based guidelines do not recommend X. The clinical records did not clearly demonstrate the X. There was also no documentation regarding recent X. Given these issues which do not meet guideline recommendations, 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
- 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)