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 sustained a work-related injury on X. The biomechanics of the injury was not available in the medical records. X was diagnosed X.

X was seen by X, MD on X and X. On X, X presented for X. X was X. X had been treated with X. In X, X experienced X. X was X. On X examination, X had X. Dr. X thought that X was a X. X met all the ODG Guidelines patient selection criteria for X. A X collected on X was consistent with X. On X, X presented for a follow-up. X pain was X. An MRI of the X dated X showed X and another CT on X showed X, there was evidence of X. X continued to have X. There was X. There was a X. On examination, X continued to have X. X was X. X of the X revealed forward X. X had X as well as X. There was X in the X.

The treatment to date included medications X.

Per a peer review dated X and a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale for X: "The claimant reported X. Exam of the X revealed X from X. There is X as well as X. There was X. X was X. X includes forward X. However, there is no imaging confirmation of X. There is no imaging evidence demonstrating X. As such, medical necessity has not been established. Therefore, the request for X is not medically necessary." Rationale for X: "This request is X; therefore, medical necessity has not been established."

Per a utilization review decision letter and peer review dated X, the request for X was denied by X, MD. Rationale: "Based on lack of a X approval, this

request is premature. There are no exceptional factors noted. Therefore, the request for X is not medically necessary."

Dr. X wrote an appeal letter on X documenting that X was under X care from X. With regard to denial from Dr. X, Dr. X commented that it appeared Dr. X was confused. X had undergone X; therefore, Dr. X was not sure what Dr. X was talking about when X stated, "no image confirmation of X." X had X. X continued to have X. There was no evidence of X on post X CT scan. Therefore, X met the definition of X. The second reason for denial was, "There was no imaging evidence demonstrating X." Once again, Dr. X appeared confused by the fact of the case. X plain x-rays and CT scan of the X clearly showed X. This was the definition of X. Dr. X appeared to have missed the part of medical records including the X CT scan report where X was noted. The X was X as noted on X examination and symptoms.

Per a peer review dated X and an adverse determination letter dated X, the prior denial was upheld by X, MD. This was an appeal of a previous denial, which noted lack of any imaging to support X as well as ongoing X. X continued to describe X. The records did not include any current imaging of the X that would be amenable to X. Further, the surgical plans per the X clinical report was for X. It was unclear why the submitted X request differed from the X. Given these issues which did not meet guideline recommendations, the reviewer could not recommend certification for the request. As the X was not indicated, there would be no requirement for a X. Therefore, the request for X was not medically necessary.

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

The records provided note a lack of imaging showing X that would be amenable to X and noted the inconsistency between the provider's clinical note and the request as submitted. Imaging studies, showing a X. The X in pain reduction. Therefore, there is X. A X can be considered an X. The provider has stated that there are X. However, this request is only for X. This needs to be clarified before going forward. As X is X. Medical necessity is not established for the request at this time.

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.