

**Clear Resolutions Inc.  
An Independent Review Organization  
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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 with date of injury X. X was diagnosed with X

On X, X presented to X, MD with complaints of a X problem. X complained of X. X did a X. X stated the pain increased with X. X reported the X. X continued to experience X. X applied X. On examination of the X. The X was X.

An MRI of the X performed on X showed X.

Treatment to date included medications X.

Per a Notice of Adverse Determination dated X by X, DO, the requested service of X was non-certified. Rationale: "The Official Disability Guidelines (ODG), X Online Chapter: X. In this case, X has complaints of X. On recent examination of the X. The X. X was diagnosed with X. X

complains of X. X does a X. MRI of the X performed on X revealed a X. I called these results to the ordering physician. X of the X.X. X was recommended X. The provider's office was called to discuss the X request but peer to peer contact was not established. At this time, medical necessity for X has not been established."

Per a Notice of Adverse Determination dated X by X, MD, the requested service of X was non-certified. Rationale: "The ODG recommends X. The provided documentation indicates there is X. The X resulted in X. An MRI has revealed findings consistent with X. While the X examination documents X, there is no documentation of X in the most recent note from X. Based on the available information, X, is not medically necessary."

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

The claimant had been followed for pain at the X despite treatment to include X. The MRI did note some X. The X physical exam noted pain over the X. The records did not document any recent X records demonstrating X. It is unclear if the claimant had any response to X. The claimant's current X exam as well as the MRI findings did not clearly demonstrate evidence consistent with X. Given these issues, it is this reviewer's opinion that medical necessity is not established.

***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.