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 who was injured on X. While using X. X was diagnosed with X.

X, X visited X, MD for a follow-up of the X. X was status X, which was performed on X. X denied X. X reported X. X continued to experience X. X stated that X had been X. On examination of the X, X had a X. There was X. Dr. X opined that X would continue to work on a X.

An X study was performed on X. The study revealed X. There was also evidence of X.

An MRI of the X dated X revealed X. There was limited evaluation of X.

The treatment to date included X.

Per a utilization review decision letter dated X by X, MD, the request for X was denied. Rationale: “Based on the clinical information submitted for this

review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was limited documentation of X. There were X. Also, X. Clarification is needed X. X could not be identified."

Per a utilization review decision letter dated X by X, MD, the requested service was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The documentation appears to indicate the patient has X. It is unclear if the current request was X. I made multiple attempts to contact the surgeon to garner additional information or exceptional circumstances. This was unsuccessful. Therefore, based upon the provided documentation, the request is not currently supported. "Per evidence-based guidelines, X is indicated after the X. In this case, the patient presented with X. X continued to experience X. A request for X was made. However, there was limited documentation of. There were X. The documentation appears to indicate the patient has X. It is unclear if the current request was X. I made multiple attempts to contact the surgeon to gain additional information or exceptional circumstances. This was unsuccessful. Therefore, based upon the provided documentation, the request is not currently supported."

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

The ODG supports X. There should be X. The documentation provided indicates that the injured worker is status X. There is reported X. A physical examination documented X. Electrodiagnostic testing documented moderate X. There is a request for X. Based on the documentation provided, the medical necessity for the requested X. Additionally, there were X. As such, the requested is not recommended as 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
- ☐ 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.