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. X stated that X. The ongoing diagnoses were X.

On X, X was evaluated by X, DO for X ongoing problems. X was seen X. X had undergone X. X stated the pain was X. The pain was X. There was no X. X described it as X. On X examination, X showed X. The X. X test produced pain in the X.

X-rays of the X dated X were X. CT scan of the X dated X identified X. There was X. It was noted that given the X, a X. An MRI of the X dated X revealed similar X. There were otherwise similar X. An MRI of the X on X, identified changes of X, X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, X, MD denied the request for X with the following rationale: “The proposed treatment consisting of X is not appropriate and medically necessary. Guidelines do not recommend X. Current research is X. The documentation does not support the listed diagnosis X. Therefore, the proposed treatment consisting of X is not appropriate and medically necessary.”

Per a reconsideration review adverse determination letter dated X, a reconsideration request was received on X. X DO upheld the previous denial with the following rationale: “According to an office note by Dr. X on X, there was documentation of the claimant having X. There was also documentation that the claimant had a X. There was also documentation of physical exam findings that revealed X. The treatment plan included X. However, X are only supported in the guideline criteria for X. Therefore, this request is non-certified.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines would not support the performance of a X given this patient’s clinical presentation. When treatment is outside the guidelines, X should be noted. There are X documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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.