

**Clear Resolutions Inc.**  
**An Independent Review Organization**  
**3616 Far West Blvd Ste 117-501 CR**  
**Austin, TX 78731**  
**Phone: (512) 879-6370**  
**Fax: (512) 572-0836**  
**Email: [@cri-iro.com](mailto:@cri-iro.com)**

***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:***

***Patient Clinical History (Summary)***

X with date of injury X. X when the X. X was diagnosed with X.

X, MD evaluated X. X reported X. X had an X. X was X and X. Examination revealed X. There was a X. There was a X and X at the X. Dr. X recommended X and X.

An MRI of the X showed X. The X at the X into the X. There was a X. There were X at the X. An X dated X revealed X of a X.

Treatment to date included X.

Per a Utilization Review Determination letter dated X, the request for X was noncertified by X, MD. Rationale: "There is X. Therefore, medical necessity has X and this request is not certified."

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Per this appeal review, the request is for a X. There

is a X and X. There is X documented. The request does not meet the ODG Guidelines provided. Therefore, the request for X is not medically necessary. For this reason, the previous determination is upheld and remains non-certified.”

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

The ODG recommends X when there has been an insufficient response to X. The provided documentation states that the injured worker has X. They report X. Objectively, there is a X. There is X. The MRI shows X. While the X. Further X would not be expected to X or X. In review of the ODG and provided information, the X is 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
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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)