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An Independent Review Organization
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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 X. X was X and a X. X was X.

On X to X, MD with X. X had X and X. X was X and X. X had X. X stated that the X. The X. On examination, X was X. X and X were X. The X and X. X had X and X. X was X. There X in the X. Per X had X. Per the X were recommended. If these were X. Per the progress note dated X, Dr. X stated the X had been denied for unknown reasons, despite meeting ODG. X, therefore, appealed the denial of the X. X was X and would X.

On X, Dr. X stated the X had been denied X. Examination of the X were noted. The plan was to appeal to the IRO for the X.

X identified at X. At X, there was a X. There was also X. There was also X. There was X and X.

Treatment to date consisted of X.

On X, MD denied the request for X. 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. A X of the X was X. There should be a X with X. Also, documentation of the X prior to the requested X could not be X. Furthermore, per guidelines, the X. X were X.”

Per Reconsideration Adverse Determination dated X MD, MBA denied the request for X. 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. Documentation of X was also not established. There were X. Furthermore, the guidelines indicated that the X. Per evidence-based guidelines, X. In this case, the patient was X. X had X and X. The X. X had X. X was X. There were X. Per the Progress Note dated X, at this point, X would appeal the denial of X. The patient was X and X. A request for an X. The clinical exam X could X. Moreover, documentation of X. There were X notes submitted for X. Furthermore, the guidelines indicated that the use of X and should X. X were X. There were X submitted to overturn the previous denial of the request. The prior non-certification is upheld.”

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-certifications are upheld. Per note dated X has had the X.” There is X. It is X when these were X. Additionally, the X. Current evidence-based guidelines note that the requested procedure is X. 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)