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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 injury X, when X. The diagnosis was X.

Per the X dated X had an X with an unknown provider in which X reported X. X continued to X. X stated, while X was X. Pain was X and X. X and X. Prior treatment included X.

Per a X by X, MD, the request for X was non-certified. The rationale was as follows: "The Official Disability Guidelines discusses the X. X is generally recommended on a X and X. The medical records at this time do not include treating physician notes which would be particularly important given that the patient X. Therefore, it may be appropriate to resubmit this request along with the current treating physician notes". The request for X was deemed medically necessary and certified.

Per a X by X, MD, the X was upheld. The Clinical Rationale was as follows: X and notes X should be noted. Documentation indicates that the claimant had X. Prior denial is noted for similar rationale on X. Therefore, recommendation is to uphold prior non-certification.”

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

Based on the clinical information provided, the X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a X non-certifications are upheld. The submitted clinical records indicate that the patient has X. The Official Disability Guidelines would X. There are X. Additionally, the Official Disability Guidelines typically do not support the utilization of 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
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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)