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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 who sustained a X. The X of the injury was not available in the medical records. X was diagnosed with X.

On, X was seen by X, MD for X. X stated that there were X. X was told to X. On examination, X had X. There was X. X was noted. X prior X.

An MRI of the X showed X. There was a X. There was X. There was a X. There was a X.

Treatment to date included X.

Per a Utilization Review Decision letter dated X the request for X was denied by X, MD. Rationale: "Per evidence-based guidelines, X are recommended as an X. In this case, the X. X stated there X. The reviewed X. X in the X. A request for X was made to evaluate for X; however, objective clinical findings were insufficient to support presence of X the need for the request. Moreover, evidence of X and X from X was not

established in the medical reports presented. In addition, X is not recommended for X unless there has been significant X. As for X there is X. Also, X often have X. X were X.

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Regarding X, records imply that the claimant had X. The result of previous X note are not include repeat X is requested to understand whether the X. The MRI from X was X. There is X. Repeat X is not medically necessary in this case. Regarding X. The result of previous X are not include repeat X is requested to understand whether the X. The MRI from X. There is X. Repeat X is not medically necessary in this case. Regarding X that the claimant had X. The result of previous understand whether the X. The MRI from X. There is no discussion of the X. Repeat X is not medically necessary in this case. Regarding X. The result of X are not include repeat X is requested to understand whether the X. The MRI from X. There is no discussion of the findings on X. Repeat X is not medically necessary in this case."

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

Per American Association of X: "The diagnosis of X. X, establish the diagnostic certainty, and assist with prognostication. In those cases with X is especially useful; whereas, in those with X."

The patient has X. The requested X is medically necessary for this patient's condition.

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)