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***Notice of Independent Review Decision
Amended Letter***

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:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X who sustained an injury on X. X was X when X. The diagnoses included X, X, X and X.

X was seen by X, PA on X. X reported X. X had X. X could X. X could X. On examination, the X was X. X, X with a X. X, X than the X. X had X. X had X on X and a X on X. There was some X.

X was seen by X on X. X continued to complain of X. X presented for X. X had been X with X. X reported the pain as X. The symptoms were X by X. The symptoms were relieved by X. X reported continued X. X had X. X could X and X with X. X could X with X. X could X with X. X rated the X, X and X, X. X continued to have a difficult time with X. X had X in the X and pain to X at X. X had X, which seemed to be X.

Treatment to date included X.

Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: "There is no evidence of X on X and X is not recommended by the ODG. The medical necessity of this request has not clearly been demonstrated. A clarification was not obtained."

Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: "The appeal request for X is not medically necessary. Injured worker presented with X. There is a request for X. There remains lack of X. In addition, X is not standard of care for performing a X. Overall, this request is not medically necessary."

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

The medical records and request were reviewed. The records note X and had X. Although X is X, there remains lack of objective X noted on examination. It is unclear what benefit this treatment would provide in this case. The request as presented, X, is not supported as 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)