

**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**

Notice of Independent Review Decision

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:

Board Certified 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 whose problems began on X, when X was at X and X. The X and it X, but it was not until the X. X is X. X was diagnosed with X and X and X and X.

X was seen by X, MD on X for a follow-up on X. X was X and X and onset of X. X was X since X last visit. X had X in the X since Dr. X had X it X but now the X was X. On examination X continued to have X in the X. X in the X had returned. The assessment was X, other X and X, X, X, and X-- subsequent encounter. The plan was to release the X, X, release of the X

and X and then the final thing that could be done to try to minimize the chance that X would be to do a X to cover the X the chance of X.

Treatment to date included X, X, and X.

Per a peer review report dated X, X, MD denied the request for X, X and X, X and X. Rationale: "ODO Indications for X •• X: "X is the most common X performed in the U.S. and while X are rare, X do occasionally occur, sometimes resulting in X. (2) X in only X, being more common with X, X,X, X and X, X, X, X, X. (3) X is associated with fewer complications than X, X, X, and X." There is no medical information provided for the review other than the pre-authorization request with no clinical information provided for review. The request for X, X and X, X with X and X medically necessary and is non-certified."

Per peer review report dated X, X, MD upheld the denied request for X, X and X, X and X. Rationale: "Based on the previous peer review report by Dr. X dated X, the request for a X, X and X, X and X was denied, with a rationale stating that, "There is no medical information provided for the review other than the pre-authorization request with no clinical information provided for review. The request for X and X, X with X and X medically necessary and is non-certified. In this case, the claimant has X, X, and X. X has been treated with X, X, X, and X. However, there is no evidence of X on examination or X. There was no evidence of X. A X is indicated, However, due to TX law and inability to get agreement with the physician, this case is non-certified. Therefore, the request for X release, X and X, X with X and X is not medically necessary."

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

The ODG supports X for documented X when there are objective examination findings, X, and a failure of conservative treatment. The ODG does not support X. The ODG supports a X for documented X after failure of a X. The documentation provided indicates that the worker reports X despite previous treatment with X, X, and X. The worker has had a X. A X documented X and X. The provider requested a X, X and X,

X and X. Based upon the documentation provided, X would not be supported is there are no subjective complaints, objective examination findings, and X confirming diagnosis or document of failure X. There has been a resolution of X following X and a X would not be supported. There are persistent complaints and objective examination findings consistent with a X to support progression to X.

As such, a X is recommended with X as medical necessity has been established and noncertification for a X, X, X and X as medical necessity has not been established.

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)