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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

Information Provided to the IRO for Review
X

Patient Clinical History (Summary)

X who was X. X was X. The diagnosis was X and X.

On X was evaluated by X MD X. X was X. X had X. The X was X. X had a X; however, X was X. On examination, X had a X and X. X and X. X was X. The X was X. On X presented for X. Examination findings included X and X. X showed X and X. X was X. X was X. The recommendation was to X were X.

On X reveals X with X was X. X or X, with a X and X, with X was X, without X.

Treatment to date included X.

Per peer review by X, MD on X the request for X was non-certified. Rationale: "In this case, the records do not establish X. In addition, the provider has recommended X. The records indicate that X has been approved. The patient should X. It would also be X. In addition, the current X. For any X, it is recommended that the X and X Therefore, X recommendation is to NON-CERTIFY the request for X.

Per utilization review by X, MD on X, the request for X was non-certified. Rationale: "It would be beneficial to evaluate the X. This request was previously rendered not certified for the same reason and no additional information was received. Therefore, the current request is not certified and the original denial is upheld."

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

In this case, the claimant has a previous X. Previous X. There was X due to X. This is X. The records noted that the claimant had X. It is X. The claimant was recommended for an X as well as X. The X evaluation noted that the claimant's X. The current X was X. Overall, the records X. There are still X recommendations pending as well as X. Therefore, it is this reviewer's opinion that medical necessity for the X is not 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)