

Clear Resolutions Inc.
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 with date of injury X. X worked as a X.

X was evaluated by X, MD from X. On X and X. The X. X was X. X and at the X. The X and X. The X and X. The X was X. The X. On X. There was X and X. X had X and X and X. The X. X was X. X of X was noted on the X. On X presented for X. The X, at the X, and X. An X was X. On examination, there were X. X revealed X. X on X and X. On X. The X. X and X. X was X. The X. The X. The X was X. The X was X. X was X. X revealed X.

On X, MA, LPC / X, PhD, LPC-S / X, MD had seen X for X. X reported X with X and X. X reported that X and X. X was also X. X was X and had X. X was X, which was X. X was X. The X and X was X. X revealed X. X and X. X with this X and X. Per the X. X reported X and X. The X. X would X. It would X and X. X should X with X and X as well X.

Per a X dated X documented the X. X, a X for X and X. X was X. During X. During X. X was X and X. X and X of X. X in X. X in X. X with X.

X to X.

Per an X, PhD had non-authorized medical necessity X. X: "The request is not able to be approved. There is no X. It X. This request is X."

Per an X, MD had non-authorized reconsideration for X as not medically necessary. X: "Per X Recommended where there is X. On peer-to-peer, X noted that there was X by Dr. X. However, there is X. It was unclear on peer-to-peer if the X. Furthermore, the X was X, which was noted by the X and that X. This X was discussed on peer-to-peer but X. The X is not shown to be medically necessary thus the previous denial is upheld."

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

The request for X is not recommended as medically necessary and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. It is unclear why the X. The submitted X. The X in this X. The results of this X. There is X. The patient is 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)