

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

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 is a X who was injured on X when X was X. The diagnosis was X.

On X, X was evaluated by X, MD for a follow-up of X. X was status X in X. X had X removed in X. X had known X. X has X. X took X otherwise, X. X last MRI scan of X on X revealed X. There was X on X. The X measured the X. X felt that X since X MRI scan in X. X had X. These X caused X. X was referred to have X, but unfortunately, this was denied by X. X continued to X, which X. X stated X could X. X last X at X on X. X had X results with these with X. Then X had X again on X at X and X. X stated for

Notice of Independent Review Decision

X, X was getting X results, but the X after about X. X pointed to X area, but stated the pain was X on a X all the time, including the fact that X. Anything X as well as X pain and X pain. X did X. X stated X did not want X. X would like something X. X rated X pain a X at the time with X, especially if X on X at X. On examination, X was X over the X. X had X, X than X. X test on the X was X. X on the X produced X. X were X in the X, X in the X, and X. There was no X to X or X.

Treatment to date included medications X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guidelines note that X are not recommended for X. In addition, X are not recommended for X and are recommended on a case-by-case basis for X. This is a condition that is generally considered X in origin (classified as X). While the physician has stated that the patient has X, there has been orders for X. These should be thoroughly evaluated prior to further consideration for a X. At this time, the records do not provide objective evidence (i.e. imaging, labs) of X, typically a diagnosis based upon X origin. While it is appreciated that the patient has X, without evidence of X, the medical necessity is not substantiated. Therefore, my recommendation is to NON-CERTIFY the request for X."

In a letter dated X, X / Dr. X appealed the adverse determination. X originally injured X in X. X had known X from a X. X had been having X. X did not really help. An MRI in X showed the X. X had X. Sometimes, pain was X on a X, X than X. An X was requested but denied. X had excellent results from X. Then X had X on X, which helped for X but not X. X had X. Examination showed X to be X and X over the X. X had X at X. X was X. X X as well as X were X. X was X producing X pain, X. X were X on the X and X in the X and X in both X. A X was ordered on X previous visit, but at the time, X had signs of X. X might need to have X as well as for

Notice of Independent Review Decision

diagnostics as X. X was given X for X. The X was denied. The adverse determination was appealed, as on X, X was X. X was X on the X, X on the X as well as X. Rather than put X through a X or the X, Dr. X suggested that X have the X first for X diagnostic as well as X evaluation as X had already shown X. Therefore, it would be tragic to do an X before seeing if X of the X was X.

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD Rationale: “The case was discussed with X, who stated the X was diagnostic. There was no imaging of the X, and there was X on the MRI of the X. There was X over the X and X findings. However, the ODG does not recommend X and the peer to peer did not provide documentation to overturn the previous denial based on the ODG. Thus, the prior denial is upheld, and this request remains non-certified.”

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. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. No additional information was provided to address the issues raised by the prior reviewers. There is no indication that the previously recommended/ordered X has been completed. There is a lack of support for the requested X within the current evidence based guidelines as being medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Clear Resolutions Inc.

Notice of Independent Review Decision

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- 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)