

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

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:

Licensed 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 injured at X when a X. The diagnosis was X, pain in the X.

On X, X underwent a X by X, / X. The evaluation was to determine whether referral to X would be appropriate at the time. X reported experiencing symptoms of X to X. X reported receiving X. On the X, X scored X, which was in the X. On the X, X scored X, which was in the X of assessment. On the X scored X. X was X and X during the interview. X seemed X. X was X and X. X seemed X and X. X seemed X. X seemed to have X and X. The diagnoses were X and X. In a X by X, DC, dated X, X demonstrated the X and X which X.

On X, an MRI of the X revealed X. X of the X through X was seen.

Treatment to date included X and X.

On X, a utilization review indicated that the request for X was denied. Rationale: “Regarding the request for X, the Official Disability Guidelines criteria includes: a X; a X with evidence of X current job demands that X. Within the medical information available for review, the patient has X. An evaluation identified that the patient demonstrated the X, which X. However, there is X followed by X, without evidence of likely benefit from X. There is no identification that the patient is X. A specific defined X has not been mentioned. Additionally, there is no documentation that the X are X. Therefore, the request is not certified.”

Per a Peer Clinical Review Report dated X, the appeal for X was non-certified. Rationale: “Within the associated medical file, there is documentation of X. Exam notes X notes X. However, there remains no documentation that other forms of treatment would be less likely to provide objective benefit, specifically X to address the X. Moreover, there is no clear documentation that a specific defined X has been established, communicated and documented. Therefore, I am recommending non-certifying the request for X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. On X, a utilization review indicated that the request for X was denied. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Initial interview dated X indicates that the patient has been treated with X. There are X records submitted for review with documentation of an X. There is no specific, defined X provided. 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
- 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)