

**Clear Resolutions Inc.  
An Independent Review Organization  
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### ***Notice of Independent Review Decision***

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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 injured on X while X was X. The diagnosis was X.

X was evaluated by X, DO on X in a follow-up visit. It was noted that X continued with X and X associated with X changes. Dr. X had X. X reported X. X had X and X. X, and X were X, and it was planned to schedule X for X as soon as possible. X was X use. X affect was good. X was encouraged. X would be X. In a progress note dated X, Dr. X documented that X continued with X, and X. The criteria for X, criteria for X had been met years past. It was initially diagnosed by previous physicians. On X, the criteria for X were all explained in detail. X pain complaint

associated with X, pain greater than that would be expected for the X. Dr. X further documented, "The denial of this care is X. This is in direct contradiction to the Texas Medical Board statement to use X in attempts to X the use of X and X. This patient has X. X can be further diagnostic and X and if X are made X and naturally X would expect the patient to request further similar treatment. X are not there yet. X are asking for X. Certainly, this is reasonable considering X and X. The X criteria has been met. Once again, X is X. X has marked X. X asked X to take X and X can send the X directly to the peer doctor, if X is X from peer review that is not beneficial to the patient X. More expenses and more X will be only reserved for X. As a result, X are going to have to resubmit for this approval. This is a X utilizing appropriate X as this patient is X associated with. However, X wants to do whatever X takes to get better was advised. X intake X in the meantime is X. X was X. X have X to include a X and X and a X. X was evaluated by Dr. X on X. Per the note, X was eagerly waiting to go ahead with X for X and X. Once again, X had X and X associated with X. Dr. X documented, X is a X which X all continues to suffer from as a result of this X. Further delays will only lead to more X and X. X do not want X on X. X are waiting for a X. After all the X this X, they cannot approve a X which may go a long way in X recovery, avoiding further X, helping X in X. This is X. As a result, X are going to have to X. X has been very complaint. X wants to X as soon as possible. X will continue X on X. At least X states, this combination has "helped X", which allows X to perform X. Today, X did X. X was X with an X and X. X does continue to use X in this regard. X affect remains X and X will schedule X for this in the near future."

A X, was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Per evidence-based guidelines, X is not recommended based on a X. X may only be considered as a last

option for limited, select cases with a diagnosis X and as a X. In this case, the patient continued with X and X associated with X. X was reporting marked X. However, there were no X findings presented on the most recent visit. Furthermore, documentation of the X criteria have been evaluated for and fulfilled was not fully established. Also, documentation of lack of response to X, and X were not fully established. There were no current X notes submitted for review. Lastly, guideline indicated that X is not recommended based on a lack of quality studies. Clarification is needed with regards to the request and on how the request would affect the patient's X." "Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced above, this request is non-certified. This X injured the X when X. The reported condition is considered X have X. A request for X was made. The request is NOT certified because the following criteria were not satisfied: the X is NOT satisfied."

Per a utilization review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "Per evidence-based guidelines, X is not recommended based on a lack of quality studies. X may only be considered as a last option for limited, select cases with a diagnosis of X and as a X / X. In this case, the patient continued with X, and X. X complaint was also associated with X or X changes, X. A request for appeal X was made. However, there was insufficient evidence that the X criteria have been evaluated for and fulfilled to warrant the request. There was no recent comprehensive assessment of the X such as X. Also, evidence of lack of response to X notes submitted for review. This request could not be supported." "Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced above, this request is non-certified. As per above, the records do not show objective details to support the request. X treatments need to be verified."

***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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that, X is not recommended based on a lack of quality studies. X may only be considered as a last option for limited, select cases with a diagnosis of X and as a X. There is no documentation of recent or ongoing active treatment modalities. 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)