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Notice of Independent Review Decision
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 X who X on X. X was X. Whenever X used X got X. The diagnoses X.

X was seen by X, DO on X for X and X. X complained of X. At the time X did report X as well as X because of X symptoms. X described the X as X. X rated the X on X. X stated that X made the X. X stated that X and X. X complained of X. X complained of X. X only reported the symptoms into X. X showed X and X on X. There was X. No X was noted. No X was

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noted. X was X in X. X dated X was reviewed. At X, there was X resulting in X with X and X. X had X at X. At X, X had X that was X with X. No identified X was noted at X. X dated X showed X at X. There was X at X. There was X.

On X, X was X by Dr. X for X and X. Dr. X opined that it was X and X was X with X. X had X to that point. At the time, X had X. Because of that X wished to proceed with X. X had X consistent with X. X only reported symptoms into X. Because of that they would consider X with X that would be X to try to help X. X showed X. There was no X.

An X of X dated X showed X and X. At X, X. At X, there was X.

Treatment to date included X which X completed in X.

Per a utilization review by X, MD on X, the request for X with X was X. Rationale: "Official Disability Guidelines conditionally recommends X for X for X for claimants who have X. Official Disability Guidelines recommend X. X is not the same as X for X. This claimant was X on X due to X. The claimant had been X. The claimant had X. The claimant's X. The claimant reported X. The claimant reported X had X. The claimant X but X. The claimant's X for X that resulted in X with X and X. X was X. The claimant had X and requested to proceed to X. The claimant's X were consistent with X with symptoms in X. A X was contemplated. The claimant had X with X. There was X to X. There was X. The X had X. There was X. The X was X. Although the X may be warranted, the concurrent request for X are not supported. Therefore, an agreement is needed for X. As such, the request for X with X."

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Per a utilization review by X, MD on X, the request for X with X was X. Rationale: "The requested appeal for X with X is not medically necessary. The history is insufficiently detailed and thorough to support a diagnosis of X. There is no mention of the X, no mention of the X. No mention of the X, etc. This detail is necessary to support a diagnosis of X and to X and support the need for X. In speaking with Dr. X, X asked specifically for X. X read X notes which mention X but don't provide the necessary detailed history. The most recent X provided was done X, X. Dr. X stated X uses X up to X. This X is X and X, a more recent study is needed to support the X request. Regarding only whether the submitted X is X for the requested X, X is X for X and X. Recommend X for the requested X with X (X.)

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

The claimant had been followed for a history of X and X with the records including X. The records did not document X. The current X did not detail any specific findings in X that would support X present in X. There was no evidence of X or X at X. The current evidence based guidelines do not recommend X for X in X or for X. As the clinical records do not support proceeding with the proposed X, it is this reviewer's opinion that medical necessity is not established for the requested X with a X (X).

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

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- 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)