

**Clear Resolutions Inc.  
An Independent Review Organization  
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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 who sustained a X injury on X. X stated X was "X". X was diagnosed with X.

On X, X was seen by X, MD for a follow-up. X complained of X and X. X was X. The X examination revealed X. X revealed X of X, X of X, and X of X. X and X were X.

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An X of the X dated X revealed X changes compatible with a prior X with X of the X and X of the X measuring up to X. There was a X of X to X along the X with regions of X throughout the remaining X. There was a X with a X projecting X, measuring up to X. This might X of X particularly given X of the X.

Treatment to date included X.

Per a Utilization Review letter dated X, the request for X was denied by X, DO. Rationale: “Regarding the request for X, the official disability guidelines state that a X is indicated for a X with or without X. The claimant complained of X and was previously treated with X. An X of the X dated X revealed X compatible with a prior X. On examination, there was X in the X. X at the X and X of the X was seen. A X and X was present. However, there was no indication the X was X. Therefore, the request for X is non-certified. Regarding the request for X in X, the official disability guidelines state that, a X is recommended as an option following X. The request was recommended to be used in conjunction with the X. However, X was deemed not appropriate at this time. As such, the request for X is non-certified. Regarding the request for X, the official disability guidelines recommend up to X of X. The request was recommended to be used in conjunction with the X. However, X was deemed not appropriate at this time. Additionally, X was requested for the X is such, the request for X is non-certified. Regarding the request for X, the official disability guidelines recommend a X. The request was recommended to be used in conjunction with the X. However, X was deemed not appropriate at this time As such; the request for X is non-certified.”

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Regarding the request for X, the official disability

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guidelines state that a X is indicated for the claimant who has a X with or without X. The information provide for the review stated that the claimant complained of X following X on X. An updated X of the X dated X noted X compatible with a prior X. The claimant's most recent examination dated X noted X with X and a X. However, the information provided for the review did not support that the claimant had an X that would require a X. The physician did not address the prior determination issues and provided no explanation for the proposed X procedure rather than a X. As such, in accordance with the previous denial, the request for a X is non-certified. Regarding the request for X, the official disability guidelines supports X following an X. However, the X had not been authorized. Therefore, the ancillary request is likewise not warranted. As such, the request for X is non-certified. Regarding the request for X, the Official Disability Guidelines support X following X. However, the X have not been authorized. Therefore, the ancillary request is likewise not warranted. As such, the request for X for the X is non-certified. Regarding the request for X, The Official Disability Guidelines state that for X, an X may be needed to complete the X safely and efficiently. However, the X has not been authorized. Therefore, the ancillary request is likewise not warranted. As such, the request for an X is non-certified."

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

The ODG recommends X for X when there are limited X demands, there is X that has not responded to X for at least X, there is adequate X, there is adequate X, there is X from X of the X, there is no evidence of X, there is no X, the X is less than X, and the patient is X. The ODG recommends the use of a X following X. The ODG recommends up to X of X following X. The ODG supports the use of an X for X. They provided documentation indicates the worker's status X in X and X and X on X. The worker has X and X despite treatment with X and X. An X from X showed X compatible with prior X with X of the of the X. The provider has recommended treatment with X. There is no documented X on the X, the

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provider has still not indicated the X is X, and there is still no documentation to support the requested procedure X. Based on available information, X are not necessary. The recommendation is to uphold the two prior denials as medical necessity for the request- X is not established.

***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)