

**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**

***Notice of Independent Review Decision
Amended Letter***

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 with a date of X. The mechanism of the X was X and X. X was diagnosed with X, X. The handwritten medical records were X.

X was seen by X, MD on X and X. On X, X presented for a follow-up of X. X stated X had been doing X. X continued to X was X. X had X. X was able to X when X noted X. X also noted X in the X when X had X. X continued to have X. X also had continued X. On examination of the X, X revealed X and X. X and X were X. X noted pain over the X with X. There

were X the X with the X. There was a X in regards to the X. Examination of the X revealed a X in the X. This resulted in X and X. A X was noted with X and X at the X with a X. X was also X. On X, X visited for a follow-up. The request for the X was denied. X had X of X since X date of X. X went to the X where X was necessary for the X. X were taken. The X was going to be about X. X was not going to respond to X. On examination, X was in a X. X continued to have X. X was noted with any type of X. A X was noted along with a X. X of the X revealed X, X, X, and X. The physical examination continued to be X along with X and X in the X. Dr. X recommended proceeding with X.

An X dated X revealed X and X. There was X within the X of the X, which might represent a X.

Treatment to date included X, X, X, X, X, X, and X in X.

Per an Adverse Determination letter dated X, the request for X, X, X, X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The official Disability Guidelines only support X for X if there is corresponding X and X with X. This X has had no X for the X which may help X pain and X. Furthermore, the official X of the X dated X does not reveal any X or other X requiring X. Similarly, regarding X and X, no previous X has been employed. Accordingly, the X request is not supported".

Per a utilization review decision letter dated X, the denial was upheld by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The objective findings presented were limited to verify X. A comprehensive assessment precluded by X deficits should be presented. Moreover, the patient had no previous X for the X, which may X and X. In addition, the recent X report taken during the most recent office visit was not submitted for the review. The request remained

unsupported as clinical documentation still did not provide additional significant objective information as evidenced by actual reports to warrant the necessity of the request”.

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

The ODG recommends X when there is a history of X or X and X, imaging findings of a X with X, and X of X with X and X. The ODG recommends X or X following a X of X with X, X, and X. The ODG recommends at least X of X prior to X is earlier X for other associated X are met. The ODG recommends X following the X of X with X, X, and X. The provided documentation indicates the X had X despite treatment with X, X, and X. An X showed X, X within the X, X, X with X of the X, X, X, X, X, X, no X, and X. As there is no X or any other finding of X, X is not supported. As there is no X, X, or other X, X is not supported. As there is no evidence of X or X and X, X is not supported. As there has not been a X of X including X, X is not supported. Based on the available information, X, X, X, and X are not medically necessary.

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)