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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 is a X who was injured on X. While X was X, X began to have pain in X that caused it to stop moving. X had pain in that X for X. The diagnosis was X / X, X, and X.

X was evaluated on X by X, X., DC for a follow-up evaluation. X denied any new accident or trauma since the last visit. X reported the X relief from the X by X, Dr. X, had completely X. X continued to complain of X, X, and X with any and all use of X and X. X reported X and X and X into the X, X and X of the X and X. At the time, X noted that X remained at a X. On examination, there was X to the X and X of the X with X. X remained X in X. X was X, X was X, X was X and X was X. X and X test were X. X in X on the X was X and in X on the X was X. X revealed a X to the X, X and X

to the X, X in X. The assessment was X / X, X of X, and X. X was recommended to continue the daily X as instructed. A X evaluation was recommended to determine the current X and further treatment options. X was to remain on X. X was to X under X, Dr. X.

X underwent a X by X, DC on X. The purpose of evaluation was to evaluate X and X for recommendation of current X demand level; evaluate X demands for recommendation of X; and evaluate for appropriate X. per the evaluation, it was noted that X was X, X from X. X was X, X to X. X was X, X to X. X performed reaching at the X with X to X. Also, X completed reaching at the X with X to X. X pushed at a X of X for X, X. In addition, X pulled at a X for X, X to X. X was X due to X. X was X to X due to X. X was X of X due to X. Based on X and X, X efforts during X were X. X demand X was X and X was X. X was recommended for a trial of X.

Based on the Treatment Progress Report dated X, by X, LPC-S, there was documentation of X, X, and X in the X, X, and X. The pain was described as X / X. X believed that the medical problem was very much X / X at the time of the visit and since the date of the X, the course of X had been a X. In addition, X believed that the X problems were about as X as it could be, and were X. Reportedly, there were experiences of X, X, X, and X, but X was X in X, and was looking forward to continuing X and X. X also reported that the X and / or X had shown a X, X, and understanding which had X of returning to X. Prior treatment included X, X, an X, and a X. Of note, X current level of X. The assessment revealed the X which represented severe to X and the X, X, X, X, and X; the X which indicated significant levels of X because of the pain, X was getting on the X, a X in X; the X was X and a X on the X which suggested elevated levels of X and X and the X on the current level of X; the X was at X, which indicated X, and that the X on X at X and at X; the X was X; the X was X, which indicated X; the X was X, which indicated X of X; the X was at X which indicated a X according to the X; based on the X, X reported X and X of the X items X; according to the X, X reported X thought; on the X, the X was X; and on the X, X had a X. The diagnoses were a X of an X, X, and X and X; an X; and a X and X. The treatment plan included a X. Of note, X was to remain X.

X of the X dated X revealed X with X and X.

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

Per a utilization review adverse determination letter dated X by X, MD, the request for X for X, as an X was denied. Rationale: "The injury is about a X. Foundation for X seems to be X. X is at X and must be at X. There are X issues of X, X, X, X, etc. Overall, there is X (was there X or not?). There is no indication where the patient meets the X; it seems that the patient would be a better candidate for X. Therefore, the request for X for X, as an X is not medically necessary."

On X, X wrote a response to the denial letter, indicating the request for a X for X on X was denied on X. Per X, X needed to be clarified in the denial, one of which would be the question of X. X had completed all recommended X advised by the medical doctors. They had consulted with the treating provider's office (X, X., DC) and obtained additional medical information. In review of Dr. X notes, X was given an X in X, prescribed X, and referred back to Dr. X office for X. In X, X was to continue on X medications and was referred back to Dr. X for X and to X. The rationale for the requested X mentioned above, initial medical records submitted, along with an updated medical received for the appeal, demonstrated a medical necessity for such a request. X current X was X, per the X of X by treating provider Dr. X. X reported that X would not be able to return to the X / X as X had been let go. X required a more intensive program such as X. Therefore, the treating doctor's office was recommending entry into a X as all X had been X.

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X, as an outpatient due to X was denied. Rationale: "While ODG's X acknowledges that X are recommended where there is access to programs with proven successful outcomes, here, however, the outcomes of the program in question are unknown. ODG further notes that another primary criterion for pursuit of treatment through such a program is

evidence that "X, and there should be an X likely to result in significant clinical improvement. Here, however, X of the patient's symptoms seemingly stemmed from X. It was unclear why attempts to X or X state through X have not been attempted. It was likewise unclear why a X was ordered without any documentation of how much X has X to date. ODG further notes that suggestions for treatment post-program should be well documented and provided to the referral physician. Here, however, suggestions for treatment post-program have not been clearly X. X of the request are, thus, at odds with ODG Guidelines for pursuit of the X in question. Therefore, the request for Reconsideration Request for X, as an outpatient due to X is not medically necessary."

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

Per a utilization review adverse determination letter dated X by X, MD, the request for X, as an X due to X was denied. The submitted clinical records indicate that this patient has exhausted X, X, X, X and X. The patient's current X demand X does not reach X required X for return to X. The patient verbalized an interest in the program and would like to proceed with functional restoration program. X is at X. Recommend certification of a X.

Based on the clinical information provided, the request for X, as an X due to X is recommended as 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
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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)