

# Clear Resolutions Inc.

An Independent Review  
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**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** X

**REVIEW OUTCOME:**

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. X was injured when X. The diagnosis was X. On X, X was seen by X, DO for a follow-up visit. X was seen X. X got X. X requested the treatment X. Again, X had X. X test on the X was noted. X had X. X was on a X, which Dr. X had been able to X. Due to X. X pain was X. X described it as X. X wanted to X. Any further delays would lead to X. In the meantime, X. X assessment showed X. X was evaluated by Dr. X on X. X had X. X reported more than X. X was more X. X was X. X reminded Dr. X when X first came to X. X also had a X. X pain was X. X did have a X. X was permitted to X. X was requesting these, as X did not want to X. X was stabilized with X. X was X. X had X. The plan was to arrange for X. X had been X. X had X. An X of the X dated

X revealed X. X resulted in X. At X resulted in X. There was X. Findings were X. Given X involving the X. An X study of the X dated X was suggestive of a X. The most X appeared to be the X. Treatment to date included medications X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The request X. Therefore, the request for X." Per a reconsideration review dated X by X, MD, the request for X. Rationale: "In this case, there is X. Also, there is X. X is X. The request is X. Therefore, the requested X." X reviewed X. X with X. Patient may X. Therefore, the requested X."

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

X reviewed X. X with X. Patient may X. Therefore, the requested X."

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**