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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:

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 when X. The diagnosis was X.

X evaluated X on X for follow-up of the X. X presented with X and complained of X. X described the X as X and X. The quality was described as X. Associated symptoms were X. X stated the X were X and X. X showed a X. X was noted. The X was X over the X. X caused X. The diagnosis was X. The X continued to be X with X. Since X continued to not see X after X treatment with X, the option of X was

discussed. X would consist of X. X and benefits of X were discussed and X opted to schedule X.

A X of the X dated X revealed X.

Treatment to date X.

Per a utilization review adverse determination letter dated X, and a peer review dated X by X, the request for X was denied as not medically necessary. Rationale: "In this case, the claimant has X. X has tried X. However, there was no X report provided. Therefore, X is not medically necessary."

Per a utilization review adverse determination letter dated X and a peer review dated X, the appeal request for X was denied by X as not medically necessary. Rationale: "In this case, the claimant presented with continued complaints of X in X. The X revealed X. However, there was no imaging study included to confirm X or other X prior to X. As such, the medical necessity has not been established. Therefore, the appeal request for X is not medically necessary."

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

Medically necessary; partially certified

Certified:

X

Noncertified:

X

The ODG supports X with X and X for documented X. The ODG supports X for X when other causes have been ruled out. The ODG does not support X. The documentation provided indicates that the X reports X and X which is X with X and X. An examination documented X over the X. A X documented healed X. Treatment has included previous X. The

provider stated that there is ongoing X of X and no progress with X and recommended X to include X. Given the ongoing X in the X despite X, X, and evidence of X would be supported. The defect is noted to be X, and there is no indication that X would be X. X at the time of X would be supported as there is X. There is no support for the use of X. As such, partial certification is recommended with certification for X as medical necessity is established and non-certification for X as medical necessity is not established for this portion of the request.

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)