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An Independent Review Organization
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Notice of Independent Review Decision

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 with a date of injury of X. The injury occurred when X. The diagnosis was X.

On X, X was seen by X, MD for a follow-up of X. X experienced X. The symptoms were X. The symptoms X. The pain was rated at X. The assessment included X.

An X of the X dated X revealed X. At X. The X. At X, there was a X. The X. At X: There was a X. The X. At X. At X.

An X on X. The study was X. There were findings X.

Treatment to date included medications X.

Per an Adverse Determination letter dated X, the request for X: “Per ODG, ‘X. While only conditionally recommended, X. Additional criteria based on X. X is not recommended. X. The X. This can be caused by X. The rate of X.’ There are X. Therefore, the request for X.”

Per a utilization review decision letter dated X, the prior denial was X, MD. Rationale: “In this case, the patient X. X has X. X has had X. X revealed X. X is reported to show X. X not on any X. The X is not indicated for X. Therefore, the request for Reconsideration Request for X.”

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

The exam of X found the claimant complaining of X. An X of X found evidence of X. The X of the X. There is X.X: There is a X. There is no significant X. However, the exam did not document X. The guidelines state that in the X. There are X.

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)