

**Clear Resolutions Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

**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 sustained an injury on X. X reported that X. X was X. X sustained injuries to the X. The diagnoses included X. X was seen by X, MD on X for X. X stated that X continued to have X. X had X. X had X. X could X. X could X. X. On examination, X was overly X. X was X. X examination was X. X examination revealed X. X was X. Per the note, an X of the X showed X. X, PA-C /X, MD saw X on X. Since the injury, X underwent X. X complained of X. The X was X. The X was X. X included X. X was X. X also X. The X was described as X. X conditions included X. X complained of a X. X conditions included X. X conditions included X. X complained of X. X factors included X. X conditions included X. X complained of X. The X was X. The X factors included X. On examination, X appeared X. X was X. X examination revealed X. X in the X. X in X. X on X showed X. X of the X on X demonstrated X. It was noted that due to X. X of the X on X was a limited examination due to X. It showed X. There were X. There was X. X was present X. There was X. There was a X. That was X. That created X. There was at X.

The X. No obvious X was noted. Treatment to date included X. Per utilization review by X, M.D on X, the request for X. Rationale: "In this case, the injured worker had a prior X. There is no documentation of X. ODG does X. As such, this request is X." Per utilization review by X, MD on X, the request for X. Rationale: "In this case, the injured worker has X,. X showed limited exam due to injured worker's X. X defect at the X. Mild X. Severe X. Mild to moderate X. X centrally and extending to the X. This is X. Creating X. At least X. Protrusion is X. There are no significant exam X. Therefore, the request for X." Thoroughly reviewed X. Patient with X. Could potentially benefit from X. Since initial injury, X.

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

Thoroughly reviewed X. Patient with X. Could potentially benefit from X. Since initial injury, 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)**