

Clear Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 CR
Austin, TX 78731
Phone: (512) 879-6370
Fax: (512) 572-0836
Email: @cri-iro.com

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 sustained an injury X. The diagnoses were X. On X, X was seen by X, PA-C /X, MD for X. X stated that the pain began on X from a X. X felt immediate X. X stated that the X. X also complained of X. X rated X and described it as X. The X was X. Examination showed X. The assessment was X. It was noted X had X. Thus, X was an X. In conjunction with the X. Based on X. X was seen by X / Dr. X on X for X. X stated that the X. X felt immediate X. X stated that the X. X stated X now had X. X also complained of X. X rated X and described it as X. The pain was X. Examination showed X. The assessment was X. Dr. X opined that X. X continued to have X. X injury had X. Per UpToDate, patients with X. It is said the X. X issue was X. X would X. An X of the X dated X showed X. X of the X were noted. X was noted. Treatment to date included X. Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X. Rationale: "The requested X. For these reasons, the X. Additionally, the documented X exam X. Therefore, the X."

Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X. Rationale: "Within the medical information available for review, there is documentation of X. However, there is X. Therefore, the request for X. X has been X. Patient has X. Given X. Though many insurers consider X. Therefore the requested X.

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

X has been X. Given X. Though many insurers consider 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)