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

## 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:  $\boldsymbol{X}$ 

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured on X. X had a X. The diagnoses included X. On X, X had X evaluation by X, NP /X, MD. On X, X had a X. X was X. X was seen and treated at X. X had X. X stated were X and X was X on X. X was X. X reported X. X worked X. X was X. X continued with X. X level was X. X took X. X endorsed X. X stated X had X. X rated X at X. X had X. The X to X. X remained the X. X overall the X. X had X. X had X. Patient reports a X. X and X had X. X remained the X. Overall, X had remained X. X had X. X had X but X. The X was X. X remained the X. X had remained the X. X had X. On examination, X. X appeared X. X remained the X. There was X in X. X had X. X remained the X. X had X. X had X. X had X. X had X. X remained the X. X had X. X used X. X remained the X. X had X. X remained the X. There was X with X. X was X. X reported X. X had X. X had X. X revealed X had X. There was X. X had X. The assessment was X. X was X. X was advised to follow up with X primary care doctor for X. The plan was to get X. X was recommended X. Treatment to date included X. Per a peer review dated X by X, MD, the request for X. Rationale: "The request for X. The claimant has X. ODG further X. Here, the request for X. The claimant's response to X. X remain in place. The claimant is X. X remain X. The claimant remains X. All of the X. Therefore, the request for X. "Per a reconsideration / peer review dated X by X, MD, the request for X. The submitted medicals show that this patient has X. The patient remains with X. It appears that this patient's response to X. Therefore, the request for X. The request for X. The remains with X. It appears that this patient current X. Therefore, the request for X. Per ODG, X is recommended for X: Medical treatment:X. In this case, medicals of X.

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

Per ODG, X is recommended for X: Medical treatment: X. In this case, medicals of X.

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

□ ACOEM- AMERICAN COLLEGE OF X & X

☑ 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 X

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)