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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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:

- Overturned Disagree
- Partially Overtuned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X at work. While getting out of X. X did not X. X coworkers checked on X immediately, X was X. The diagnoses were post-concussion syndrome, benign paroxysmal vertigo, dizziness and giddiness, headache, mild cognitive impairment, insomnia, pain in right arm and paresthesia of skin. On X, X was seen by X, CCC-SLP, for follow-up visit for X. X did not report any pain. Some X was noted at beginning of session resulting from difficult weekend prior stating, "I had too much scheduled this weekend back-ta-back, I was not able to function. I did not take breaks, and it caused me a lot of trouble". There was limited insight into nature and severity of X deficits with consistent verbal feedback and scenarios required by clinician to support increased understanding. The X score was noted to be X , which was consistent with previous re-evaluation. X had decreased X. X continued to present X. X reported X. There was concern for X. X continued to verbalize understanding for purpose of X. Overall, it was recommended that X continue to participate in a X. The recommendation included that X was required for further training in X. It was recommended that X attend X. On X, X was seen by X, MD for a follow-up visit. Since X visit in X, X seemed to be doing better. X had improved though happened occasionally X. X was also better. X was OK. X had been doing X that was helping slowly improving X. On examination, blood pressure was 110/62 mmHg, weight 179.6 pounds and BMI was 26.52 kg/m². Per Dr. X, X was seen initially for X. Although X thought X did not X. At the time, X demonstrated X. X exam on X was positive for X. X symptoms were consistent with X. MRI brain was done on X and was X. Neurocognitive testing showed evidence X. For X , X was recommended. Dr. X further opined that X likely had X. X reported improvement but it still happened when X X. X still had problems with X. The neurocognitive evaluation had shown evidence X. X had started X,

was still doing it, and was slowly improving. X should continue X. X would also help with underlying X. For X, X had finished X, with improvement. X was still getting dizzy riding in a car. An MRI of the brain dated X showed normal study. No X was seen in X reportedly post trauma. Treatment to date included X. X documented a letter on X requesting preauthorization for X. The medical provider, Dr. X had requested X medical treatment because there was an ongoing condition that required treatment. The X was medically reasonable and was consistent with the Official Disability Guideline (ODG). The attached medical records support the efficacy of the X and establish the clinical indication and necessity of this treatment. Therefore, the X should be determined medically necessary for X to reach maximum medical improvement. Per a utilization review adverse determination letter dated X by X, MD, the prospective request for X was denied. Rationale: "The request for X is not warranted. The claimant suffered a work-related injury due to a X. The claimant completed X X. The most recent clinical information was dated X. Additional information that is more current is needed to make a proper determination. Although the ODG recommends , the request is not supported at this time. Therefore, the prospective request for X is non-certified." X documented a letter on X requesting for reconsideration (appeal) of the adverse determination for X. The medical provider, Dr. X had requested this medical treatment because there was an ongoing condition, which required treatment. The medical records established the clinical indication and necessity of this X, which was consistent with the ODG. Per a reconsideration review adverse determination letter dated x by x, MD, the prospective request for x was denied. Rationale: "The prior non-certification in review was based on the fact that the most recent clinical information was dated X, and more current information was needed to make a proper determination. X, unspecified, submitted an appeal letter dated X, stating that the provider, Dr.X, requested this medical treatment because there was an ongoing condition that required treatment, In the most recent chart note submitted by X, on X,

the claimant presented with X. Objectively, they had continued X. They had reduced pain with X. The provider is appealing the prior determination at this time. While a chart note was submitted by X, CCC-SLP on X, the claimant presented with pleasant and positive nature, willing to participate in the visit. They brought in X. Per assessment, they demonstrated X. The Official Disability Guidelines recommend X visits of X. After a review of the submitted records, the prior non-certification was appropriate. The submitted medical report does not include the most recent pertinent clinical information that would determine the necessity for the requested X. Available records show that the claimant has completed a total of X. Based on this, the medical necessity for X is not established. Therefore, the requested X is non-certified.” The claimant has more than X. There are no recent provided note after X to explain why another X is required. Prospective request for X is not medically necessary and non certified

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

The claimant has more than X. There are no recent provided note after X to explain why another X is required. Prospective request for X is not medically necessary and non certified

Upheld

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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**