

C-IRO Inc.
An Independent Review Organization
3616 Far West Boulevard Suite B
Austin, TX 78731
Phone: (512) 772-4390
Fax: (512) 387-2647
Email: resolutions.manager@ciro-site.com

Patient Clinical History (Summary)

X with a date of injury X. X stated that X was injured at work, while X. X was X. The diagnosis included X.

On X, X was evaluated by X, MD. X had a X. X had not been approved for X that were tried through Independent Review Organization (IRO). X came back after seeing Dr. X, who did not want to X. The examination showed X. X had a X.

An X, X dated X showed X.

An X of the X dated X revealed X. There was a X. An X of the X dated X revealed X. X was suggested at the X.

Treatment to date consisted of medications X.

Per a utilization review determination letter dated X, the request for X was denied. It was determined that X complained of X. Physical examination revealed X. In addition, Official Disability Guidelines (ODG) did not support X based on recent evidence and given the serious risks of the procedure in the X and the lack of quality evidence for sustained benefit. As such, the request for X was non-certified. Official Disability Guidelines supported X. X (due to X, but not X) must be well documented, along with objective X findings on physical examination. X complained of X pain not relieved with previous X. Physical examination revealed signs of X. However, there was no documentation of significant X on X. In addition,

the X was not supported, and partial certifications were not allowed in the state of Jurisdiction. As such, the request for X was non-certified.

A letter dated X indicated that the reconsideration request for X was non-certified. Rationale: "A peer-to-peer discussion was unsuccessful despite calls to the doctor's office. According to the Official Disability Guidelines, a X is not recommended given the serious risk of this procedure in the X and the lack of quality evidence for sustained benefit. In this case, the patient reported continued X pain with X. On physical examination, the patient had X. A recommendation was made for a X for this patient. This request was previously denied as X are not supported by guidelines. There remain no exceptional factors supporting this request beyond guideline recommendations. There was no evidence of X supporting X for this patient. As such, the medical necessity of this request was not established for this patient. Based on the above documentation, the requested X is noncertified. According to the Official Disability Guidelines, an X is recommended when X is documented on physical examination and corroborated by imaging studies as electrodiagnostic testing. In this case, the patient had X pain with X. On physical examination, the patient had X. Imaging revealed a X. The submitted documentation provided evidence of X on imaging and examination for this patient. However, there was no evidence of X supporting X for this patient. Modification of treatment cannot be authorized given the jurisdiction of this case. Based on the above documentation, the requested X is non-certified."

Per an appeal letter by Dr. X dated X X had requested X , which had been denied on appeal. X continued to complain of the same problems and X would be back in one month and appeal to the Independent Review Organization (IRO).

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

This patient presents with X pain and X pain and is a candidate for X. Prior utilization reviews analyzed the patient's history and clinical presentation with respect to the guidelines. X has been exhausted. The patient's X presentation does not support a X. Given the documentation available, the requested service(s) is considered not medically necessary.

While the clinical presentation suggests a X, the radiologic and electrodiagnostic studies do not corroborate the diagnosis of a X. With respect to the X pain, the clinical findings suggest a X, and are corroborated by radiologic studies. Therefore, the requested X is indicated. There is documentation in the provider's record about the patient's severe X, so the need for X appears indicated. Given the documentation available, the requested service(s) is considered medically necessary.

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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.