

C-IRO Inc.
An Independent Review Organization
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Austin, TX 78731
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Review Outcome

Description of the service or services in dispute:

X.

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X who was injured on X. X was diagnosed with a X.

On X, X was evaluated by X, DO. X had been doing well with X. X was X. There was X. The plan was to continue X on other treatments as previous including X. X continued to show signs of a X. On X, it was noted that X wanted to go ahead and proceed with X which was a X, any physician familiar with X. Dr. X recommended X. X was X and X generalized X score-X.

The treatment to date included X.

Per a peer review dated X by X, MD, the requested X is not medically necessary. Rationale, "Regarding the request for X, ODG necessitates documentation of X. Within the documentation available for review, the request is for X and this request was denied on X and X. In addition,

there is documentation that previous X. In addition, there is no documentation of the requested X. Therefore, the request for X is not medically necessary.”

Per a utilization review dated X by X, MD, the request for X was denied. Rationale, “The injured worker sustained an injury on X. The injured worker was diagnosed with a X. Per the ODG, X are recommended for the treatment of X. Other X are not recommended. The available medical records indicate that the requested X. Although various documents state that the X. Moreover, the ODG recommends no more than X. Moreover, the request as stated that “X. Compliance with the guidelines and medical necessity are not established by the information available. The request is not medically necessary.”

Per a utilization review dated X by X MD, the request X was denied. Rationale, “The injured worker has X. The injured worker has some X on examination. The provider is requesting X. Guidelines specifically indicate “X are not recommended.” Exceptional factors were not noted. Therefore, the request for X is not medically necessary.”

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

This patient presents with a X. It is unusual in that although there are X. There is no evidence of X. The skin surrounding the X. The provider also describes the presence of X. A X was performed in X, X. In question is whether adequate documentation of response to this intervention was provided in the record. There are several notes by the provider dating back to X which states that more than X. Use of the X.” 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
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- 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.