

C-IRO Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 CI
Austin, TX 78731
Phone: (512) 772-4390
Fax: (512) 387-2647
Email: @cipro-site.com

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 sustained a X. X was X. A X. The X. X was X.

Per a visit summary dated X by X, MD, X was diagnosed with X.

On X, Dr. X ordered X. X, which X. X from X.

X was seen by X, MD on X for X. X was injured on X. X had a X. X was X. X underwent X. Then, X was X. At the time, X main complaint was X. It was recommended that X keep X. On X. There was X. X of X. On X. In X and X.

A X scan of the X. There was X. X were noted in the X. There was X. The treatment to date included X.

Per an adverse determination letter dated X, the request for X, was denied by X, MD. Rationale: “Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines references, this request is non-certified. The guidelines state that the treatment is X. There are no X to go the guideline recommendations. Clarification is needed regarding the request and how it might affect the patient’s clinical outcomes.”

Per a utilization review decision letter dated X, the prior denial was upheld by X. Rationale: “Based on the clinical information submitted for this review and using evidence-based peer-reviewed guidelines, this request is non-certified. The records submitted for review would not support the requested X as reasonable or necessary. The record already noted the claimant was using a X. There was X. Without additional clinical information to support the X, this reviewer cannot recommend certification for the request.”

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

Based on the clinical information provided, the request is not recommended as medically necessary, and the previous denials are upheld. Per an adverse determination letter dated X, the request for X was denied by X, MD.

There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has already been using a X. There is no clear rationale provided to support the X. Current evidence-based guidelines note that the requested device is under study. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. There is no updated X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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)