

C-IRO Inc.

An Independent Review Organization

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Notice of Independent Review Decision

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 is X who was injured on X, sustaining X to X from X. The diagnosis was X.

X evaluated X on X. X presented to the office for X and was referred X. X was X. X was injured at work on X and X to X where Dr. X evaluated X for X. X was X and X at X. During examination, Dr. X noted X. X went on to X. X was referred to X. X reported pain, but X. X appeared X and X during evaluation. X stated the incident had X. A X was noted to be X. X advised X to continue X. X opined that at that time, it seemed evident that X was not X. The assessment was X.

Treatment to date included X.

Per X Report dated X, the request for X was denied by X, MD. Rationale: "Based on the available clinical information, and after a peer to peer discussion with X, this claimant has a history of X. This X was X and X was X. Per Official Disability Guidelines, X is recommended as an option for X. This claimant has no X, therefore X is not supported by the ODG guidelines for this individual and will not be certified as medically necessary. Recommend non-certification for X.

In a letter dated X, X, MD requested X for X. X wrote, "Patient is X with a history of X on X while at work. Dr. X the X who took care of patient found X. Patient was referred to X for prompt X after Dr. X noticed X. After doing TWO peer to peer, the request for X was denied twice due to patient not meeting the ODG guidelines for the treatment. X and most commercial insurance policies approve the treatment for X. Though patient does not X, X will X. Patient has received X WITHOUT X. Patient's X is NOT X, and patient requires X. Patient states X. Both Dr. X and myself both agree that patient X. X has been shown to X. X also X. The X of X are to X. Since the X, X will X. At this point, we know that X. X will help X. X may X. Research has shown X. To delay treatment at this time would X.

Per X Report dated X, the request for X was denied by X. Rationale: "The Official Disability Guidelines (ODG) does not recommend X. Additionally, guidelines indicate that there should be X. The documentation provided indicates that the injured worker X. The provider states there is no history of X but there was noted to be X. During the peer-to-peer process, the provider indicated that X, X. The injured worker's X is noted to be normal. Based on the documentation provided, the requested X would not be considered medically necessary as there is no history of X. As such, X are recommended for noncertification."

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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 for X is not recommended as medically necessary, and the previous denials are upheld. Per a X Report 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. There is no comprehensive assessment of X completed to date or the patient's X submitted for review. There is no updated assessment of X. There are no specific, time-limited treatment goals provided. The request as submitted is nonspecific and does not indicate the frequency and duration of the requested therapy. 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)