

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

Patient Clinical History (Summary)

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

X was seen by X, MD on X for X. The pain X. X was able X. The pain level was X. Pain level at the X. Pain level at X. X experienced X. There was nothing to make X pain better. On examination, X. X pain was in the X. The diagnosis was X.

An MRI of the X dated X revealed X.

The treatment to date included medications X.

Per a Utilization Review dated X, the request for X was non-certified by X, MD. Rationale: "No, the request for a X is not medically necessary. The ODG's, X Chapter acknowledges that indications for X are included for the purposes of determining the level of X pain when the diagnosis remains uncertain after a standard evaluation to include X studies. Here, however, the claimant has had X MRI imaging, which was markedly X for X at the levels in question. The X MRI findings, thus, effectively obviated the need for the X in question. The ODG further notes in its X Chapter X, X topic that X is not recommended for X. Here, the claimant's prevailing diagnosis is, in fact, X, a condition for which X is not recommended, per the ODG. Therefore, the request is not medically necessary."

Per an Adverse Determination review dated X, the request for X was non-certified by X, MD. Rationale: "X complains of X pain at X. X examination shows X test. X MRI shows X. X and requests an attempt of X. X request

does not meet criteria and denial is recommended. A previous denial noted, the claimant has had a X MRI imaging, which was markedly X at the levels in question and that X is not recommended for X. X complains of X pain at X. X exam shows X test. X MRI shows X. X and requests an attempt of X. Although X often needs X as definitive treatment, X can be useful if there is X. It would be beneficial for claimant if X can achieve pain relief with an X that is much less invasive and risky than X. However, X request does not meet criteria and denial is recommended. A previous denial noted, the claimant has had a X MRI imaging, which was markedly X at the levels in question and that X is not recommended for X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for appeal X is non-certified.”

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

This patient presents with X. The question that is being reviewed is the patient’s candidacy for an X. Two prior reviews denied the request which were accurate. The patient has completed X. Of note in this patient is that the X. Others note X examination. X examination is X. So, the evidence supporting a X is lacking in this patient. This is confirmed by the X MRI which shows X. Notable, the MRI shows X. The updated ODG guidelines state X: Not recommended for treatment of X. Not recommended as a treatment for X. Given the documentation available, the requested service(s) is considered not 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.