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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 with date of X. X was X when X. After X.

Per Office Visit Report by X, MD dated X presented with X. The X was X. The X, which X. It was X. X also complained of X. X had a medical history of X. The review of the systems revealed X. On examination of the X. In the X. The X and X. X was X. There was X. There was X. X had an X. Ongoing X. The X. Sample for X.

An MRI of the X. An MRI of the X. An MRI of X.

Treatment to date included X.

Per the X, X MD denied the request for X. X: “Per evidence-based guidelines, X. In this case, the patient presented X. The X. X rated X. On X examination, X. There was an X. X had X. MRI of the X. A request for X was made. Claimant X and developed X. X completed X. However, please submit most recent X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

Per Notification of X dated X the appeal for X was denied by X, MD. X: “Per evidence-based guidelines, X is recommended on a case-by-case basis as a X. This treatment should be X. In this case, the patient presented with X. The pain was X. The pain was X. There was X. A request for X was made. However, a recent office visit with a thorough assessment of X was not submitted for review to validate the presence of X prior to considering the request. Also, a clarification is needed as guidelines noted, X is not recommended X. A clarification is needed regarding the request and how it will X. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. A recent office visit with a thorough assessment of X was not submitted for review to validate the presence of X prior to considering the request. Also, a clarification is needed as guidelines noted, X is not recommended X. A clarification is needed regarding the request and how it will affect the patient's clinical outcomes.”

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

This patient presents with X. The patient has X. The examination reveals X. An MRI shows X. X reviews have been performed. The first review dated X, requested X records. However, the patient completed X, the documentation of which is in the medical records. The second review dated X noted the absence of medical records from the provider documenting the examination and X. A recent X and X from the provider performing the procedure is X. The X states; 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)