

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: @ciro-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 an injury on X. The diagnoses included X.

X was seen by X, MD on X. X was treated X. X was working on X. X continued to have X. X continued to have X. On X had X. X had a X. There was X.

X-rays of the X were X. An MRI of the X showed X.

Treatment to date included X.

Per a peer review by X, the request for X was non-certified. Rationale: "This request is not supported. Although this claimant has X. X also does not X. Furthermore, there are X. Regarding a X there is also X. It is also X as X notes are provided. Accordingly, X requests are not medically

necessary.” In an addendum dated X stated X spoke with the above provider, who stated the patient has been X and already had it done. The X. Both of these requests do not require certification. The X is routine for the provider. The X was then discussed. X showed up on MRI, but that is how they are X. The patient continues to X. They are a X. The patient has X. There was an X, X, it is stated. After this discussion, there is X. Therefore, the X requested remains not medically necessary.”

In an appeal letter by Dr. X documented “The correspondence is to X. X was denied based on X, which X has. Upon phone consultation with the patient yesterday, X reported that now X is on X. X also reports X. X has X visits before X presenting to X, and was X and they X. X continues to do X. X and although the X. X the criteria for X. X has the X. X has a X. X has a X noted on MRI. Although X does not meet the criteria for X, the entire case should not be denied. Also, ODG guidelines were provided on the denial regarding X, so this cannot be addressed. It is inappropriate to deny the whole case based on not meeting criteria for X. Should another peer to peer be necessary, please contact my assistant; X.”

Per a peer review by X, MD on X, the request for X was non-certified. Rationale: “Noting the date of injury, it not clear what the specific X. Furthermore, there is X. Understanding there is a reference to a X. Furthermore, after speaking with X and X. However, MRI shows only X. The X. Therefore all the above requests are not supported.”

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

The ODG supports X of X. The ODG supports X. The ODG supports a X. The documentation provided X. The documentation provided indicates that the X. Treatment has included X. An examination of the X. An MRI report documented X. The treating provider has recommended a X.

Based on the documentation provided, given the X. There is evidence of X. Given that there is X. A X would not be supported as there is X. As such, medical necessity is established for a X and medical necessity is not established for X.

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)