

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 with date of X. X was X. X had a X. X was X when X X.

Per X dated X, PT evaluated X for X. X of X. X had X, but X. X stated that the X and at X. The pain was X. According to the X. The pain was X. X had also X. X did X since the X. On examination of X. X had X. X revealed X, and X.

Treatment to date consisted of X.

Per a utilization review dated X, MD non-certified the X. Rationale: "Official Disability Guidelines (ODG) states X. ODG supports continued X. Within the medical information available for review, there is documentation of a request for X. Additionally, the patient had X. Also, the X. However, X is not medically necessary and is not certified."

Per a utilization review dated X, MD non-certified the appeal request for X. Rationale: “There was a previous determination for this request that resulted in denial. The patient X and was X. The patient has a X. Per ODG, X.” The patient has had X. As the patient has a X, it does not seem to be medically necessary for the X. Therefore, the requested X is upheld and denied.”

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. The submitted clinical records indicate that the patient has X. The request for X would continue to exceed guideline recommendations. When X the guidelines, X should be noted. There are X. Additionally, guidelines would X. The patient has 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
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- 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)