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An Independent Review Organization
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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 and X.

X was evaluated by X, MD on X. The X. X had X in the X. The pain was X. The pain was X and X. X was X. X had been X. X had X, which initially X. However, it had become X. X had X and X. On examination, X and X. X was X. X had X. The X. X were X. X is X. X and X. X had some X. On X complained of X. On examination, X got X. X had X. X was X. X had X.

On X was seen by X, DO for X. The pain was rated X. On examination, X had a X. X had X. A X was X. X had X in the X. There was a X.

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

Treatment to date included X.

Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: "Regarding the X. A X showed X. The X is X. According to Dr. X note, the MRI showed X, so Dr. X and the X. X does X. Peer-to-peer was established in the discussion with Dr. X said there is X. As Dr. X stated today and in a prior peer-to-peer discussion, X is recommending an X. In this X. Regarding the X and X, Dr. X said that there were X. Dr. X faxed that report which stated that X. The patient may be a X but as noted above it is X. While Dr. X stated on X that the patient had a X. X has X according to Dr. X. Therefore, it is not clear that X are due to X. X has X. Also, the X an X. This patient has X. There was X. Dr. X said that X, which should be documented. Also as per the guidelines, a X. I asked X Dr. X assistant to fax that clearance. This was not received. I called Dr. X again and spoke to X, Dr. X, and X said the patient has X. The codes submitted were correct for the requested X but as noted above, the requested X is not medically necessary."

Per an adverse determination review by X, MD on X the request for X was non-certified. Rationale: "The official disability guidelines state that X. The patient complained of X. On examination, there was X. X was X. There was pain with X. X was X. X-rays of the X showed a X. An MRI of the X revealed X and X and X. X of the X. There were also X. However, there was a X. There was also X submitted. There was also X the claimant had a X. Given the above, the request for X and X is non-certified. Peer to peer was not successful."

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

The claimant has been followed for X and X. The claimant's imaging detailed X. There was an X. X was noted. At X there was a X. In this case, given the significant X and to a X. Due to the X at X. With a X which will likely X. Therefore, it would be X. There are X, and a X would not be indicated given the X. As such, it is this reviewer's opinion that medical necessity for the requests is established.

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)