

**C-IRO Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

***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

***Information Provided to the IRO for Review***

X

***Patient Clinical History (Summary)***

X is a X with date of injury X. X was diagnosed with X. X was on a X.

On X, X was seen by X, MD for follow-up of X results. Since the X, X had remain unchanged. X stated X pain was X. X was unable to X. X was X. X had not had X. X rated pain X. X pain level was X. The pain was located at the X. X had X and pain was described as X / X. The pain was X and X. On examination of X, there was X and X, X at the X and X, and X the X. X examination revealed X and X, X over the X, X, X, and X. X X of X was X, X, and X with pain. X had pain X.

X of the X revealed a X, X and X with X, and X. X of the dated X revealed X. An X of the X dated X revealed X or the X or the X, with X, X in the X, X, X and X which may be X into the X, X or X. X within the X and in the X may be displaced X or X. X and X to the X was seen. X at the X; however, X appearance to some of the X and would not exclude X on X. X and X increased X also with X in the X may also be related to X. X of X. X to X of the X at the X. Otherwise, the X remained X. There was X with X. X with X was seen.

Treatment to date consisted of X and X.

Per a utilization review dated X, the request for X release X and X, X was non-certified by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were no objective clinical findings in the most recent office visit dated X, pertinent to the X as there were X presented in the medical records to validate patient's current condition. Moreover, there was unclear documentation of X included X ??? X, X ??? X, X, X, and X. In addition, there were X clinical findings presented as there was not noted X, X hand X. Also, X or X, with X was also not established. X and X were still not established as well such as X or X. Clarification is needed regarding the request and how it might affect the patient's X.

Per utilization review dated X, appeal X, X and X, and appeal X were non-certified by X, MD. Rationale: "Per evidence-based guidelines of the X is for X, X, or X. In this case, the patient had X to X. A request was made for X. However, there was still no objective evidence of X this request. Moreover, failure of X could not be established. In regard to X, X is indicated after a X in conditions with X. In this case, the patient had X to X. A request was made for X. However, the clinical findings presented were still insufficient as there was X to suggest X / X to justify the need for a X. Also, the guidelines stated that there should have a X. Per

guidelines for X, it is recommended only with an X. It is indicated after X in conditions with X and objective findings corroborated by X. Based on medical report, the patient has not had X. There was still no significant clinical evidence such as X, X, X, X, and X to warrant this request. Failure of X could not be objectively established. Moreover, there was no evidence of X of more than X, X such as X, and X before considering the X.”

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

The ODG conditionally recommends X for X. The ODG supports a X or X when there has been X, X, X, and X, as well as X. In this case, the X has a well-documented X comminuted X with an associated X. The worker also reports X of the X and on examination, there was X in this X. The examination also indicates that there is X and X of the X and X. The X to the X. Based on this clinical information, proceeding with X of the X would be supported by the guidelines and would be standard of care to allow for an X. X for the X would not be expected to provide X, would X, and could cause further X of the already displaced and X; however, there are insufficient objective findings documented that are consistent with X, and the provided documentation does not include the requested X to support the diagnosis of X. Therefore, the concomitant request for the X release would not be supported. In consideration of the ODG and available information, X are medically necessary; however, X is 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
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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)