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Notice of Independent Review Decision

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:

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 who was injured on X when X was X. There was X and X complained of X to X and X. The diagnosis was X.

X was evaluated by X, MD on X for follow-up on X and X injury. X was X since the injury on X, with X. X was X and X. Procedure was X on X. X felt X which was X. X was X to X. X and X made the X and X made it X. X was having X. X had been following the treatment plan. X was X and X. X had X without X. X had been denied. The assessment was X and X as well as

X, X (X); X, X (X); and X of X, X and X at X, X (X). It was noted X would be a candidate for X. X as well as the X would be appealed. X would remain X through X. X was seen by Dr. X on X for X ongoing complaints. X complained of X and X. X was able to X for X, was X for X, and X for X. X was X. The X was described as X, X and X. The X program made X feel X. The diagnoses included X, and X, initial encounter. X was recommended to continue X.

An X of the X dated X showed X extending into the X and X the X. X and X were X. At X, X extended into the X, and X the X on the X. X and X were X. At X, X extended into the X, and X the X on the X. X and X were X. At X, X extended into the X, and X the X on the X. X and X were X. An X of the X dated X showed at X, there was X of X on X, X and X (X) causing X of the X. There was X on X, X, and X. At X, there was a X (X), X of the X, and X. No X was noted.

Treatment to date included X, application of X and X, X, X and X.

Per a utilization review adverse determination letter dated X by X, the request for X, X was non authorized. The rationale given was as follows, "The proposed treatment consisting of X is not appropriate or medically necessary for this diagnosis and clinical findings. According to the Official Disability Guidelines, X are indicated to determine the level of X when the diagnosis remains X after a standard evaluation using X, X, and X, to evaluate a X when X signs and symptoms differ from those found on X, to determine X when there is evidence of X, to determine X when X findings are consistent with X, and/or to identify the origin of X after previous X. In this case, the claimant reported complaints of X, X, X with X to the X. X examination findings included X, X on the X, use of X, X on the X for the X and X. A request was received for X at X. However, there was no clear rationale for the requested X given the findings of X in the X and X distribution as well as X. Therefore, the request for X is not medically necessary."

Per another utilization review adverse determination letter dated X by X, the request for X and X was non-authorized. The rationale was as follows, "The proposed treatment consisting of X is not appropriate or medically necessary for this diagnosis and clinical findings. According to the Official Disability Guidelines, X are not recommended due to a lack of quality supportive evidence, in this case, the claimant reported complaints of X, X, X with X to the X. X examination findings included X, X on the X, use of X, X on the X for the X and X. A request was received for X at X and X. However, there were no exceptional factors to warrant the requested X outside of guideline recommendations. Additionally, there was no clear evidence of X on examination. Therefore, the request for X is not medically necessary."

Per a reconsideration review adverse determination letter dated X, the request for X, X was non authorized by X, MD as not medically necessary. The rationale given was as follows, "The Official Disability Guidelines state that X are recommended as a short-term treatment for X (defined as X in a X) with corroborative findings of X. The claimant complained of X and was treated with X. On examination, X and X was X on the X. The claimant utilized a X. A X was seen on the X. X was X in the X and X. X also revealed a X at X with X. There was also X at X with X and X. However, there was a lack of documentation regarding the X of X and X, given that the current X included X and X. Therefore, the request for X and X is not medically necessary."

Per another reconsideration review adverse determination letter dated X by X, MD, the request for X and X was non-authorized. The rationale was, "The proposed treatment consisting of X is not appropriate and medically necessary for this diagnosis and clinical findings. The Official Disability Guidelines state that X are recommended prior to considering a X. The claimant complained of X and was treated with X. However, there was a lack of recent examination findings of X, Therefore, the request for X is not medically necessary."

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

The medical documentation was reviewed. The request is for X, X; and X and X. As there is no documentation of X, the X and X, should not be authorized, as medical necessity is not established for this specific procedure. However, as the patient has X with X and X and X findings consistent with the complaints, the X and X, should be certified as medical necessity is established for this procedure.

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)

