C-IRO Inc.
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:
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 who sustained an X. X was X in which X. X and X. X also X. The diagnoses included X.

X was seen in a X by X, DC on X. X rated the X. X reported X. The pain was X. The X. X described X. X had X and X. The X and X. X and X and X. X a X and X. X had a X and X. After X reported X and X. The X. X were X, and X. The X was X. The X and X. The X. The result of X.

Per a note by X, MA dated X. X and X. X and a X. X appeared to be X.

A X by X, DC on X. X reported X. X stated that X. X and X. X was X. X were X and X and X. X were X and X. There were X. X was X. The X and

X. X of the X and X, but X or X were noted. X had a X. X had a X. Dr. X that X had X.

X was seen by X, DC on X. X had X, although X. X had X. The X and X and X. X had X but X with the X. X and X and X and X. X and had X. The X continued to X. X and X with X and X. Dr. X described by the current version of the Official Disability Guidelines mandated by the X.

An X demonstrated X. X were seen on the X. The X was X. A X was noted.

Treatment to date included a X and X.

Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: “Based on the X for review on the above-referenced claimant, X is not recommended. X is X and / or X. Therefore, X of X X is X.

Per a utilization review by X, DC on X, the request for X was non-certified. Rationale: “In this case, the claimant had an X, DC on X. The claimant has X. The X is documented as X and X have X. X from X showed X with X and X and X. The X are contacted by X. The ODG does not recommend X. The Request for X is not medically warranted.”

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 recommended as medically necessary, and the previous denials are overturned. The submitted clinical records indicate that the X. Current evidence based guidelines would X. The submitted clinical records indicate that the X. The X from X. The submitted X states that the X. The patient is X. X has X. X have X. X have X. Given the X is certified in accordance with the Official Disability Guidelines.

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)