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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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X who was injured on X when X. Diagnoses included X

On X was evaluated by X, PA / X, MD for a X. X was X. X had X. On examination, X. X with an X. There was X. There was X. The X of the X. X with X and X. The X. The X was X. X of the X with X. There was a X.

On X presented to X, PA / Dr. X for a X. X was X. X stated that X. On examination, X. X of the X. X of the X. X of the X.

Treatment to date included X.

Per an X dated X by, X MD, the request for X was non-certified. X: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per guideline, X is recommended as an X. In this case, the patient had X. X had X. There was a X. A request for X. Thus, the current request is not supported.

Per a X, the request for X was denied by X, MD. X: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is recommended as an X. In this case, the X. A request for X was made. However, there were X. Moreover, despite having X. Clarification is needed with respect to the requested treatment and how X.”

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

The ODG X. Guidelines indicate that X are X. The documentation provided X. As of X, an examination documented X. At the most recent X. There is a request for a X. Based on the documentation provided, the requested X would be considered medically necessary. While the previous reviewers X. There is X. Given that X would be supported. As such, medical necessity is established for the requested 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)