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***Notice of Independent Review Decision
Amended Letter X***

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 who sustained a X at X on X when X. The X had X and X, the X and X. The diagnosis was X.

X, MD evaluated X on X for follow-up of X. X denied X. X completed X. X felt that X. X was not X since X. On examination, the X revealed X. There was X. X, X, X and X. The X was X except for X.

An MRI of the X dated X revealed X. There was X. X of the X was suspected. X was noted. X of the X dated X revealed X. There appeared to be X which may be X. X was X. X and X were X. No X was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Per ODG, X.' The patient is X. In peer discussion, the provider indicates the patient X and X. However, there is no current objective or subjective findings documented to support this request. Also, there is no specific documentation of X. Therefore, this request is not certified."

In a letter dated X, Dr. X wrote, "X disagree with the nonauthorization of the X detailed in an evaluation performed by X on X and received in my office on X. X originally injured X at X on X. X had X on X. X, X and X have been X. At the same time, X. X has received X based on the ODG. The ODG allows X. The best chance that X has of X is X according to the ODG. X are requested to avoid further X."

Per a utilization review adverse determination letter dated X, the request for X was noncertified by X, MD. Rationale: "ODG Online Edition, X Chapter, Updated X, X, X states, "X." Based on the provided documentation, the claimant was diagnosed with X. An appeal letter indicated the claimant had X on X. The claimant's X and X has been X due to X. There is no documentation of recent physical exam findings. There is no documentation of subjective and objective X that would need to be addressed within X. Additionally, there is no specific indication of X are actually being requested. Therefore, the request is non-certified."

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

The ODG supports X. The documentation provided indicates that the X is status X and has X. The most recent exam documented for X. A letter from the treating provider states that the X has received X and requires X to X.

There is request for X. Given that prior X have been X, there are X, and the X has not X. As such, a X is recommended for X as medical necessity has been 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
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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)