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An Independent Review Organization
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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:

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 an injury on X. X was X and X was noted to have a X as well as X. The diagnoses included X.

X was seen by X, MD on X for evaluation of X. X had been using X and X, which were helpful but X. X examination showed X with X and X. There was X at the X. There was X overlying the X near the X. There was X with X. The X was X on X and X. There was no X. On X, X was seen by Dr. X for evaluation of X. Symptoms had X compared to the previous visit. The X was X. The X examination was X from the previous visit.

An MRI of the X dated X demonstrated a X. Associated X. Additional X suggesting X. The X at the X of the X of the X appeared X. There was X of the X. There was X of the X at X. There was X with X. X and X. X changes related to X were noted at the X of the X.

X x-rays dated X demonstrated X with the X. No X were appreciated.

Treatment to date included closed X, X, and X.

Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: "Per the Official Disability Guidelines X is indicated when there is X, and X, after X has X. In this case, the claimant has X. No examination X, X or X from X were provided. Therefore, X was not medically necessary and non-certification was recommended."

Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: "There is no clinical information provided for review except one note that that does not have a X. There is no documentation of treatment other than X and X. There is no updated information since the last peer review denial. Therefore the request for X is noncertified and upheld."

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

The ODG supports X for the treatment of X when there has been a X, X, and evidence of X on exam. The X indicates that X is utilized during X. The ODG supports X for X after a X. The ODG supports X for X to include a X for treatment of X and X after X. The documentation provided indicates that the X has X despite the use of X and X with X. An examination has documented X. An MRI documented a X. There is X. An x-ray documented X. There is a diagnosis of X, X and X. There is a request for X, and the use of X. Given the X and X, X, and evidence of a X would be supported as there is evidence of X and X. The use X would be supported for X. A X would be supported as there is X on exam and X on imaging. A X procedure would be supported given the complaints of X, X, X, and evidence of X on imaging. As such, X are medically necessary and recommended for 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
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of X
- 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)