

C-IRO Inc.

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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:

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. The diagnoses included X. X was seen by X, on X via telemedicine for X. The X was associated with X. The pain was described as X. It was associated with X. It was aggravated by X. X completed X. X noted X but never X and the X caused X. X also continued to complain of X. The X only X with X. On X, via telemedicine, X reported X. The X was described as X. It was associated with X. It was aggravated by X.

X of the X on X showed some X.

Treatment to date included X.

Per utilization review by X, MD on X, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is no objective evidence to support X that would require X. Exceptional factors are not present."

Per utilization review by X, MD on X, the request for X was non-certified. Rationale: "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 guidelines, X is recommended for patients with X. X should be the X for X. In this case, the patient currently presented with X. The treatment

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plan included X. Recent report dated X noted that the X would aid with further treatment planning and discussion of possible interventions to further facilitate recovery hence it was essential for treatment. However, a recent objective assessment/evaluation of the X is needed to determine the necessity for further diagnostic workup, which in this case was still not established in the reports submitted. The presence of X that X was not identified as well. The prior non-certification is upheld. Peer to peer conducted with X, DC and case discussed. Dr. X did not recall the patient. Contact information, due date and time shared. No additional information was obtained. Based on the information provided, guidelines reviewed and peer discussion, the request is not medically supported at this time and thus, noncertified.

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. Updated physical examinations from X note that the patient has X. The patient has undergone X. X reports X and X. Given the additional clinical data, there is sufficient information to support a change in determination, and the request is certified.

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)