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Notice of Independent Review Decision

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 was injured on X when X was X and X. The diagnosis was X and X.

On X, X, MD evaluated X for follow-up of X. X reported X. The X was X, and X and X. It was X and X and X and X. Associated symptoms included X and X. X showed X. On examination, the X and X. X was evaluated by X, MD on X for follow-up of X. X rated X pain a X. X had X / X now X and continued to have X. X was seen by Dr. X and X had been submitted. Regarding the X, X stated that overall, the symptoms were X, and the pain level was X. Examination noted a X. X was X. X along the X and X remained the same.

An X of the X revealed at X, X and X. The X was also X. At X, X was again seen, X with X. Along with X, there was X. There was X and X.

Treatment to date medications X.

Per a utilization review adverse determination letter dated X, the request for X, was denied by X, MD. Rationale: "The Official Disability Guidelines recommends X for patients with X, X, and X. It is not recommended for patients with X, X, or X or X, or X. X should be guided by the patient's clinical presentation and comorbidities. X are not routinely recommended. X are recommended for the X. X are recommended short-term for X and X. They are not recommended for X. The best practice X. X is not recommended for patients X. In this case, the patient had a X. X had X. The provider noted that the patient had X. The provider recommended a X. However, the documentation did not identify evidence of X the need for the requested X. The patient was not undergoing a X. The guidelines do not recommend X. The documentation did not identify what X and X were being requested for the patient. The documentation did not identify what X was being requested for the patient. Furthermore, the guidelines do not support the use of X. The documentation did not identify how long the X was being requested. The documentation did not identify how many X were being requested. Finally, the guidelines do not support the use of X for patients having a X. Therefore, the medical necessity of the treatment has not been established. As such, the X are non-certified. Because an adverse determination for X has been rendered, an adverse determination for any X is also rendered."

Per a reconsideration review adverse determination letter dated X, the appeal request for X and X, was denied by X, MD. Rationale: "The request for X was previously denied since there was no indication of X. The request for X was previously denied since it did not specify the type of X. There was no indication for the X. Lastly, X is not recommended for X. No additional information was provided to address the prior denial. As such, medical necessity for X & X has not been established. Because an

adverse determination for X has been rendered, an adverse determination for any X is also rendered.”

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

The claimant had been followed for X to the X. The claimant’s symptoms had X and had continued to use X. X had included X. The last X detailed a X. There was X noted to the X. X or X was noted. There was X noted at X. While the claimant’s most recent exam did note evidence of a X did not detail any evidence of X. There was X. While there are X findings would not justify proceeding with an X as requested. Therefore, it is this reviewer’s opinion that the X request is not medically necessary. As such, the additional requests to include X are not medically necessary.

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)