

**C-IRO Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***  
***Amended Letter***

***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  
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. X sustained X, The diagnoses included X.

X was seen by X, MD on X for X. The pain was described as X, and rated X. It was aggravated by X, and was better with X. X presented with X. On

examination, there was X. X, X and X made the pain X. The X exacerbated the pain. The overall pain was X. The X was X. X and X areas appeared to X. It was also noted that X was X on X with X. X examination revealed X in the X. On X, X continued to complain of X. X presented with X requiring X. The pain was described as X, and rated X. On examination, there was X. X, X and X made X. X exacerbated X, which was X. The pain X. X of the X was noted in X. The X was X. X examination revealed pain with X. X was X.

Treatment to date included medications (X), X, and X in X (X).

Per peer review by X, MD on X, the request for X was non-certified. Rationale: "In this case, the injured worker has already undergone X. There are no documented extenuating circumstances to support an exception to the guidelines. In a case discussion with Dr. X, it was agreed that there was no need for X, if indicated. Thus, the request is not shown to be medically necessary and is not certified."

Per peer review by X, MD on X, the request for X was non-certified. Rationale: "Peer discussion was performed with Dr. X. The patient has primarily been seen for X having undergone prior X with success. More recently X has developed X however has not undergone any X treatment in this regard. It was noted that before considering X, the patient should undergo X. Therefore, my recommendation is to NON-CERTIFY the request for X."

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

The provided medical records were reviewed. As the provided clinical documentation does not support the claimant has X, progressing to X is not appropriate. Per ODG, before considering X, the patient should X. Medical necessity is not established for the request- 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 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)