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Notice of Independent Review Decision

Review Outcome

Description of the service or services in dispute:

X with a X (X) to be performed at the 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 working on a X at work. Whenever X used a X to X got X or X. The diagnoses were X.

X was seen by X, DO on X for X and X. X complained of X and X down X. At the time X did report X as well as X because of X symptoms. X described the X as X and X. X rated the X on a X. X stated that X made the X. X stated that X and X made the X. X complained of X. X complained of X. X only reported the symptoms into X at the X. X showed X (X) and X on X and X. There was X. No X was noted. No X was noted. X was X in the X. X dated X was reviewed. At the X, there was a X resulting in X with X and X of the X. X had X changes at the X. At the X,

X had a X that was X with a X. No identified X was noted at X. X dated X showed X at the X. There was X at the X. There was X.

On X, X was evaluated by Dr. X for X and X. Dr. X opined that it was an obvious case of a X Injury and X was X with X injury. X had X to that point. At the time, X had X. Because of that X wished to X with X. X had X examination findings consistent with X. X only reported symptoms into X at the point. Because of that they would consider a X with a X that would be the X to try to help improve X. X showed X. There was no X.

An X of the X dated X showed X and X within the X. At X, a X measuring approximately X and X the X and resulting in X of the X. At X, there was X and X.

Treatment to date included X which she completed in X.

Per a utilization review by X, MD on X, the request for X with X was non-certified. Rationale: "Official Disability Guidelines conditionally recommends X for X conditions for subjective and objective symptoms of X for claimants who have X all X options and X and either X. Official Disability Guidelines recommend an optional form of X or X. X is not the same as a X. This claimant was injured on X due to a X. The claimant had been treated with X. The claimant had X and X due to X symptoms. The claimant's X was X, at least X. The claimant reported X was X with X and X with X and X. The claimant reported X had X. The claimant had difficulty with the X of X but denied X or X and X. The claimant's X was X for an X that resulted in X with X and X of the X, X at X. X was X for the X that was X with a X. The claimant had X available and requested to proceed to X. The claimant's X examination findings were consistent with X with symptoms in X. A X was X. The claimant had a X with a X. There was X to the X, X with X and X. There was X and no X. The X examination had a X. There was X and X. The X was X for X. Although

the X may be warranted, the X request for X and all the X requests are not supported. Therefore, an agreement is needed for partial certification. As such, the request for X with X is non-certified.”

Per a utilization review by X, MD on X, the request for X with X was non-certified. Rationale: “The requested appeal for a X with X is not medically necessary. The history is insufficiently detailed and thorough to support a diagnosis of X i.e. X in a X. There is no mention of the X in the X, no mention of the X. no mention of the X, etc. This detail is necessary to support a diagnosis of X and to allow for correlation with X and support the need for X. In speaking with Dr. X, I asked specifically for the X and X of the X, the X of the X, and the X of the X. X read X notes which mention X but don't provide the necessary detailed history. The most recent X provided was done on X, X. Dr. X stated X uses X up to X. This X is more than a X and as X can X, a more recent study is needed to support the X request. Regarding only whether the submitted X is correct for the requested X, X is correct for a X and X. Recommend non-certification for the requested X with a X (X) to be performed at the X.”

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

The claimant had been followed for a history of X and X with the records including an out of date X more than a X. The records did not document X outside of X. The current X did not detail any specific findings in the X that would support X present in the X. There was no evidence of any X or X at X. The current evidence based guidelines do not recommend X for X in the X or for X only. As the clinical records do not support proceeding with the proposed X, it is this reviewer's opinion that medical necessity is not established for the request of X with a X (X) to be performed at the 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)