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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

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 sustained an injury on X. was X. The diagnoses included X. On X, X was seen by X, MD for X. Since the X, complained of X. X described X. It was X. It was X. X endorsed X. The pain X. The pain was X. It also X. rated X pain X. had been through a course of X. X had a X. On examination, appeared X. X examination revealed X. There was X. X test was X. X was X. Per the note, an X of the X showed X. X was most likely X. Treatment to date included X. Per Utilization Review Adverse Determination by X, MD on X, the request for X. Rationale: "ODG notes that X. A X. No more than X. There should be X. There should be X. X radiates to X. Patient reports X. There is X. X process X, X at X. X. X reflects X. Guidelines X. Recommend X." Per the Reconsideration Adverse Determination review by X, DO on X, the request for X. Rationale: "There is X. X is noted to show X. Current evidence-based guidelines note X. Therefore, X." Extensively X. X with X. Patient presenting with X. Has X. Possibly could have

X. Possibly could have X. At this time, use of X.X.X: X

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Extensively X. X with X. Patient presenting with X. Has X. Possibly could have X. Possibly could have X. At this time, use of X.X.X: X

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)