

C-IRO Inc.  
An Independent Review Organization  
3616 Far West Blvd Ste 117-501 CI  
Austin, TX 78731  
Phone: (512) 772-4390  
Fax: (512) 387-2647  
Email: [@ciro-site.com](mailto:@ciro-site.com)

## ***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:***

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 was injured on X when X was X. X was diagnosed with X.

X was seen by X, DO from X through X. On X, X presented for evaluation and treatment of X. Incidentally, X had X and X in X. X reported X. At the time, the X was rated at X affecting X. X was X that indicated X.

Examination revealed X. X had X. X to the X also X. X was X with X. X extending into the X or X were also noted with X. The assessment included X. On X, X presented for further care regarding X. Based on X findings, there was X. The X was described as X and X in nature. It was X at the X, rated at X. Treatment plan was to proceed with X. On X, X continued to have X. The X was X with X. X continued to X at the X and X

more on the X than the X. Dr. X commented that “X are going to recommending X. Unfortunately, the peer doctor apparently did not review our notes or dictations and apparently X is not familiar with X. X initiates care after X, X, X, X, which this gentleman all had does not succeed with X. X are not talking about X or X. Furthermore, it is standard of care in the local, national and world communities as X have practiced this specialty for X to provide X in the X. This is not X. This is X to provide a still X field in which the X can appropriately address the X in the X.”

An X of the X was performed on X for X with X and X to the X. The study revealed X. There was X. X and X of the X were noted.

Treatment to date included X.

Per a Utilization Review Decision letter dated X, the request for X was denied by X, MD. Rationale: “In this case, the X presented with X. The X does complain of X that X into the X and X to the X. There is a request for X. There is also a request for X. There is no documentation of exceptional factors to support X outside of current evidence-based guideline recommendations that specifically indicate a lack of support for this procedure. Therefore, the requested X is non-certified.”

Per an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: “There are no documented extenuating circumstances to support an exception to the guidelines. Furthermore, this is not a procedure that would routinely warrant monitored X care. Therefore, the request for X is not shown to be medically necessary.”

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

The treating provider is requesting X. The records note X which X into the X and X to the X. The patient has X and therefor the request for X, is supported as 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
- 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)