

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

***Notice of Independent Review Decision
Amended Letter X***

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:

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X with date of injury X. X was X. It X, and X. X had X. The diagnosis was X.

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amended X

On X, per X by X, X, X was injured on the job on X, while using X. X sustained X. There was no previous history of X injury or X injury. X initially received conservative treatment consisting of X. X was still X due to X injuries. X physician had recommended X. X pre-injury job was at the X, and required X. Frequently X were required. Occasionally, X was required to X. X ongoing X. (X). X to X. X to X. X complained of X. The X was X, and X of the X was noted. X completed X. X complained of X and X with X. X had X with X, complaining of X and X. X did not meet X job demands for X. X tolerated and completed X. A X was based on X critical job tasks. X was able to complete X but with X. X was able to complete the X with a X. Based on the results of the X and X job description, X did not meet the X for X pre injury job. X referring physician had recommended X. Goals would be to X and improve X overall X allowing X to at least be X. X desired to return to the X, therefore, additional goal included X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, by X, X, the request for X was non-certified. The rationale was as follows: "Proceeding with the request for X is not supported. In this case, the claimant was diagnosed with X. Based on X, X did not meet the qualifications for X pre-injury. The documentation does not note any history of X symptoms or current X symptoms that would indicate a need for X. Additionally, cited guidelines only recommended X (X), X (X) for X and X, and the X (X) for X and X for X evaluation. The X (X) for X and X was not a recommended X. While, the X (X), X (X), X (X), and X (X) were not addressed. Given the discussion above, the request is not deemed medically necessary. Therefore, the prospective request for X is non-certified."

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amended X

Per an appeal review adverse determination letter dated X, by X, X, the reconsideration request for X was non-certified. The original determination was upheld with rationale as follows: “The prior request was non-certified in review X indicating the documentation did not note any history of X symptoms or current X symptoms that indicated a need for X testing. The provider, X, X submitted an appeal referral dated X. The referral noted X evaluation and testing were needed to evaluate the nature and severity of X. However, no additional documentation was provided. The provider is appealing the prior determination at the time. The Official Disability Guidelines recommended X evaluation and testing for individuals with X. X evaluations should be selected to distinguish between conditions that are pre-existing causes, or aggravated by current work related or other injuries. The request for treatment is not indicated. While the claimant has X and X, the available documentation does not note X or X issues that are impacting the claimant’s work ability, Therefore, X and evaluation would not be recommended. As such, the request for X is non-certified.”

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

The claimant was diagnosed with X. Based on X, X did not meet the qualifications for X pre- injury. The documentation does not note any history of X symptoms or current X symptoms that would indicate a need for X testing. However, a record review indicated that X documented claimant was diagnosed with X. In light of X treatment diagnosis for X, this provider partially overturn previous denial of all X testing with the request for X. According to X: “X and X are closely correlated from the perspectives of both X and the X; whereby X may lead to X.” The research shows that "X, as a X, is one of the critical factors for

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amended X

determining X, and their coexistence tends to further aggravate the severity of both X." X., X., X., X., & X. (X). The Link between X and X: X in the X. X, X, X. X. X, X is X with a degree in X. As such, X request for X. According to the X, X is an "X, including history, X status, and recommendations", which suggests X can use such allotted time to gather needed X history paired with current X status to formulate X ongoing treatment plan for X services. Further X testing and evaluation beyond that point does not appear necessary at this time. Thus, this provider partially agrees with previous decisions, but only X would be appropriate for X to gather additional information for treatment planning of services with X diagnosed X.

Therefore, considering the clinical information, medical necessity is established for X. Medical necessity is not established for 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

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amended X

- 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)
(According to X: "X and X are closely correlated from the perspectives of both X and the X; whereby X may lead to X." The research shows that "X, as a X, is one of the critical factors for determining X, and their coexistence tends to further aggravate the severity of both disorders." X, X, X, X, & X (X). The Link between X and X: X in the X. X, X, X. X.)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

X