

**C-IRO Inc.**  
**An Independent Review Organization**  
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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. X complained of X. The diagnosis was X. On X, X presented to X, MD for X. X presented for a follow up after X. X had a X. Pain X. Pain was X. It was described as X. It was X. It was relieved by X. Associated symptoms included X. Affected X. X was X. Examination of the X. X was limited and X. There was X. At the X. An X dated X showed X. X of the X dated X showed X. An X of the X dated X showed X. An X of the X dated X showed X. Treatment to date included X. Per a notice of adverse determination dated X by X, MD, the request for X. The rationale was as follows: "X. X was documented. Therefore, the request for X. "Per a notice of appeal adverse determination dated X by X, MD, the request for X. The rationale was as follows: "The requested X. The X report has X. The X report demonstrates X. The patient has X. The medical documentation does X. The guidelines X. Therefore, the request for X." The claimant had X. The claimant's current X exam

did note X. X did note X. However, the records X. Therefore, it is this reviewer's opinion that X. Therefore, the request for X."

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

The claimant had reported X. The claimant's current X exam did note a X. X did note X. However, the records did X. Therefore, it is this X. Therefore, the request 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)**