

**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***

**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 was injured on X. X was X. X and X. X noted X. The diagnosis was X.

X had an X, DO on X. X presented with X. X gave a X. X and X. X noted X. Since this time, X had X. Due to the X. X felt X could X. X had X. Moderate X. X intake X. Online X showed moderate r X. X Center for X. X. X were X. X were X. X rated X. Examination showed being in X. Examination revealed X. X had marked X. X had X. X had X. X in the X were noted. X had X. X. X had some X. X testing was X. X testing was X. Furthermore, X had X. X had X. The assessment included X.

On X, Dr. X completed a note and stated, "X continues with X. X feels the X.

Unfortunately, the doctor who reviewed this X. They did not X. X continues to X. This pain is X. This patient continues to have X. X has X. X has X. That is a X. X has X. This patient has X. Unfortunately, the doctor specifically states the patient X." Well, that is X. The patient states X. This has X. The Texas Labor Code X. As a result, X has had to come back here. X has had to go X. The insurers had X. As a result, we are going to X. Due to the patient's X. We spent X. X will X. In the meantime X. X will suggest that the X."

An X dated X showed X. There was X. This appeared to be a X. X was X. X was X. X. There was a zone of X.

Per a X Consultation note dated X there was X. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Per the ODG, X. The records provided X. There is X. Based on the information provided, the request is X. Therefore, the requested X."

Per a reconsideration review letter dated X by X, MD the request for X. Rationale: "In this case X. The request is X. Therefore, the requested X."

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

Based on the clinical information provided, the records X. There is X. The X. The X examination notes a X. As such, the requested treatment is X. Therefore, the request for 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)**