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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 with a date of injury of X. Reportedly, X was X. They were X. The diagnoses were X.

X was seen by X on X for a follow-up of X. X stated that overall the symptoms were X compared to X. X continued to have X. The X was described as X. It was rated at X. Overall, the X and X were X. The

assessment included X. Treatment plan was to proceed with X. On examination, there was X. X was noted.

An X dated X showed X.

Treatment to date included X.

Per an Adverse Determination letter dated X, the request of X was denied by X. Rationale: "The Official Disability Guidelines states that X are conditionally recommended to determine X prior to X in patients who have X. X are not recommended when X at the same X. X is required, with documented X lasting X. X are not recommended prior to X if the diagnostic criteria have been confirmed. In this case, the patient had complaints of X. The examination findings of the patient noted X and X. There was X. The provider recommended proceeding with X, however, the documentation reported that the patient had X. The guidelines do not recommend X when the X has been completed at the same X. The documentation reported X, however, the response to the X is unknown. X are not recommended if X have been X. In addition, the documentation did not clearly establish that the patient had X on examination to support clear findings of X. As such, the medical necessity of the treatment has not been established."

On X, X wrote a letter of medical necessity for recommended X. X had a history of X. The X and X had been X. On X, X presented for X that made it difficult for X to X. The X studies revealed X. The X showed X. X was about X. there was X due to X and X. At X and X, X was X and X. On physical examination, X had X of X. There was X over the X. X had undergone X on X, which provided X for X. X commented that "X best recommendation for X patient is this to proceed with X and X. If X has adequate response to the X with X and X for X. We will discuss X with an end goal of X. All the X, X perform are X".

Per a Utilization Review decision letter dated X, the prior denial was upheld by X. Rationale: “Per the ODG by MCG X and X guidelines, ‘Recommended prior to considering X (eg, X). Criteria for X to determine X: (1) Absence of X.’ In this case, the patient was diagnosed with X. The patient had X. The patient complains of X. The X is X. There is X. The X is rated at X. On physical examination, there is X and X. There is X to the X. Regarding this request, X at X and X are not medically necessary or appropriate. The patient has had X and X. A X demonstrates X at X. Furthermore, the patient reported X. The guidelines do not support X with X. A peer review was attempted but did not occur to obtain additional information. There appear to be no extenuating circumstances which would supersede the recommended guidelines.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Peer review dated X indicates that X procedures would not be required in the future. X would not be warranted. The patient is X at the X which is a contraindication to the requested procedure. Therefore, medical necessity is not established for the request of X at X and X in accordance with current evidence based guidelines.

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
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- 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)