

Independent Resolutions Inc.  
An Independent Review Organization  
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***Notice of Independent Review Decision***

**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

**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. The diagnosis was X. The claimant X.

Per an exam note of X the claimant reported X. Pain was rated X. The claimant was using a X. Diagnosis included X. Exam noted X. A diagnostic X was recommended.

An electrodiagnostic evaluation on X revealed X. No evidence of X.

Per a utilization review adverse determination letter dated X, the clinical findings included a progress note dated X that did not include a physical examination of the X, There was reported to be X. The location of these findings was not stated. X testing was X. There had been a X. There had also

been X. A subsequent X. The current request was for X.

Per a reconsideration review dated X, the following was noted, per a progress note dated X, X complained of X. X reported X. Previous treatment included a X. A request for X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "X."

Per a reconsideration review dated X by X, MD, the request for X. Rationale: "Per the ODG by X."

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

The claimant reported X. However, 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)**