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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 is a X who had history of X. X works as a X. The mechanism of injury is described as X. The diagnosis was X. On X, X was evaluated by X MD, for X. X stated that X had X. X reported X. X reported pain of the X. The X by X; X from X. The X factors included X. On examination, X was X. The X examination showed X. The X included X. The X showed at X. The X system showed X. The examination of the X. A X of the X dated X revealed X. There was X. An X of the X dated X showed X. The X appeared X. There was X. An X study report dated X showed evidence of an X. There was also evidence of a X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Regarding X, ODG states that indications for X. In this case, review of clinical documentation does X. There is X. The X pattern is X. Given the reasons above, the X. Recommendation is to X. "On X visit, Dr. X

again requested for X. Per a reconsideration review letter dated X by X, MD, the request for X. Rationale: "X for X: X Treatment type: X Testing, X. X is not X. X should be X." "X is X. X is the X. When there is a X." The requested X. The medical documentation demonstrates that the patient X. However, the medical dictation X. It appears that the patient has X. At this time, the guidelines have X. Therefore, the request for X. "Based on the clinical information provided, the request for X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Regarding X, ODG states that indications for X. In this case, review of clinical documentation does X. There is X. The X pattern is X. Given the reasons above, X. Recommendation is to X." On X visit, Dr. X again requested for X. Per a reconsideration review letter dated X by X, MD, the request for X. Rationale: " X: X Treatment type: X Testing, X Recommended as indicated below. X is X. X should be X." "X is valuable when X. X is the X. (X) For X, X should initially be performed, but with X. When there is a X." The requested X of the X. The medical documentation demonstrates that the patient X. However, the medical dictation X. It appears that the patient has X. At this time, the guidelines have X. Therefore, the request for X."

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

Regarding X Official Disability Guidelines states that indications for X. The submitted clinical records X. The submitted clinical records 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)**