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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 was injured on X. X was X. X stated X experienced X. X reported the injury the X. X met with the X. The diagnoses were X. On X, X was seen by X, MS, LPC-S and X, LMSW for X. On the Patient X, X rated X overall X, indicating X. X still had X. On the X, X scored a X. On the X Questionnaire, X scored a X. X described X. X reported X. X described X. On the Questionnaire, X scored X. These scores were X. On the X Scale, X rated X. X reported X. X did X. On the X Questionnaire, X scored at X. The X impinged on most X. This score increased due to X. X was unsure why X. X reported having problems with the following: X. On the X, X scored a X. On the X, X scored a X. X reported the following as X : being unable to X. On the X Questionnaire, X scored X, a X, indicating X. X reported the following symptoms X: X. X attributed X, could not X. X has X. X stated that over the X. During this treatment phase, X reported experiencing X. The X. This and X. X had tried to find ways X. X had been more X. X

was X as well which was recently requested by X doctor. X reported X. X had been discussed. X had engaged in X. X and X and skill development were ongoing X. X had been able to X. Further X would be provided over the X. X had X. Through X, X and the X. X expressed X. X and the X had worked on X. X was engaging in X. It was highly recommended that X continue with X. Rationale: "Regarding X, ODG X. (The provider X. In this case, the claimant was previously treated with X. The provider is now X. Upon discussion, the provider stated the claimant has X. The provider stated the claimant has X. The provider is X. There is X. X complaints can also be X. The request is X. Recommendation is to X. Per an appeal letter dated X, X documented, "There are several items X. As documented in the X dated X, submitted by our office and with supporting medical records submitted, X has X. We understand X has recently participated in X. X was expected to proceed with X. Summary provided in the X submitted, X that X reported experiencing X. The advised X. X has tried to find ways to X. X has been more X. X is actually X to assist with X. X reported X due to X. X have been discussed. X and the X have worked on X. X is X. X and X and X. X has been able to keep X. It is highly recommended X continue with X. Further X will be provided over the X. X expresses X. X continues with X. X will continue to X. X supports that there are X. Next, it is evident X suffers from a X. X has the following X." Per a reconsideration review adverse determination letter dated X by X, PsyD, the request for X. Rationale: "The Official Disability Guidelines state that X. The provider should X. The requested treatment was X. The rationale for denial of the request was that the claimant had been X. There X. X complaints could also be X. Therefore, the request for X. Patient diagnosis X. Progress documented as follows: Patient X. Very X. Notable increase in X. X of X progress expected with X. Overall progress documented, though X

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

ODG –X. In cases of X. Patient diagnosis X. X has completed X: Patient X. X scores include a X. X in X. Notable X. Additional X. Overall progress documented, though 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)**