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## Patient Clinical History (Summary)

The claimant is a X with a reported date of a work-related injury to the X. There was no mechanism of injury described in the files submitted for review. A clinical evaluation on X was noted to be a follow up for further treatment for the X. There were no specific complaints listed by the patient, and it was reported that there was X. The physical exam that day noted a X. There was X identified. There was X. X test caused X. An MRI report dated X of the X noted X compartment and moderate in the X. There was severe X in the X. There was X and probably a X in the X. There was a plan for X. There was a prior noncertification for this request which noted that a X was noted and that performing a X in the presence of the X would likely increase the X.

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

The claimant has continued to report X. The claimant's MRI studies have demonstrated concerning evidence of X. There is X described on the MRI study; however, there is no recent X. There is a reasonable concern regarding the X. Therefore, it is this reviewer's opinion that medical necessity is not established, and the prior denials are upheld.

## 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 um knowledgebase		
		ALIDO A consultar Llas Ithasera Dagaserah and Quality Quidalinas
		AHRQ-Agency for Healthcare Research and Quality Guidelines
		DWC-Division of Workers Compensation Policies and Guidelines
		European Guidelines for Management of Chronic Low Back Pain
		Interqual Criteria
	$\overline{\checkmark}$	Medical Judgment, Clinical Experience, and expertise in accordance
with accepted medical standards		
		Mercy Center Consensus Conference Guidelines
		Milliman Care Guidelines
	$\checkmark$	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 Médical Literature (Provide a
description)		
		Other evidence based, scientifically valid, outcome focused
guidelines (Provide a description)		