

CPC Solutions
An Independent Review Organization

Phone

Number:

**(855) 360-
1445**

P. O. Box 121144
Arlington, 7601
TX 2

**Email:cpcsolutions@irosolutions.
com**

Fax

Number:

**(817) 385-
9607**

Patient Clinical History (Summary)

The claimant is a X who was injured on X due to a X. The claimant had a prior history of X. A X was completed in X. The claimant had been followed for X. The claimant had X. The claimant did have a X. The claimant had been followed primarily by Dr. X through X. The X evaluation noted the claimant was a X and was accompanied by X who was a X. The claimant continued with X symptoms which required X. The physical exam was X. The report indicated that the claimant was unable to X. The claimant could not perform activities of X.

The requested X was denied by utilization review as the claimant was on X and there was support X.

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

The claimant has been followed for multiple medical conditions and is deconditioned according to the X evaluation. The appeal information indicated that both a X is required due to ongoing need for X. The claimant also had a X that required the X. However, the previous records already detailed that the claimant required X when X and X who was an X was already present. The records detailed the X was understanding of medical requirements for the claimant. There was no recent evaluation of the claimant demonstrating any ongoing medically complex issues that would require X. Therefore, it is this reviewer's opinion that medical necessity for the request is not established and the prior denials are upheld.

CPC Solutions

Notice of Independent Review Decision

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
- 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
- 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 Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)