

CPC Solutions
An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. The patient reports that X. CT of the X dated X revealed X identified. There is X.X. X MRI dated X revealed X. X MRI dated X is X. X MRI dated X revealed X. X is also present with X. At X. X is also present creating X. The second page of this report is not provided. Office visit note dated X indicates that the patient has been offered X. The patient was recommended to go to a X to evaluate X X to see if X would be a candidate for X. X continues to X. X evaluation and request for services dated X indicates that the patient reported X. The patient went to the X. MRI showed a X. Doctor recommended X, but patient reported X was X. Patient reported that X was referred to the X due to continued pain. The patient reports that X has received several levels of treatment including: X. Patient's X appear to be marked by X. Current medication is X. Patient denies treatment for any X. The patient complains of pain primarily on the X. Pain is rated as X. BDI is X and BAI is X. FABQ-W is X and FABQ-PA is X. X evaluation dated X indicates that consistency of effort results obtained during testing indicate significant observational and evidence based X. X of pain results obtained during testing indicate the patient's functional pain reports were X. Current PDL is

X. There is no job description provided for comparison, but the Dictionary of X. Office visit note dated X indicates that the patient was recommended for X. Diagnosis is X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that the patient has X. However, X evaluation identifies that the patient is able to X. Additionally, there are recommendations for X. As such, the requested X is not medically necessary and not certified. Appeal letter indicates that the patient demonstrated the ability to X. The patient's BAI and BDI scored at the X level. X also scored at a X. The denial was upheld on appeal noting that all X should be X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that the patient has X. The patient has been recommended for X. The patient has been recommended for referral to a X. There is no documentation of X. The patient's only current medication is X. The submitted X evaluation indicates that X. X of pain results obtained during testing indicate the patient's functional pain reports were X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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)