CPC Solutions

An Independent Review Organization

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Notice of Independent Review Decision

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)

X is X whose date of injury is X. X was working and X. X underwent X. X underwent X. Follow up note dated X indicates that X. X reports X. X underwent X. Follow up note dated X indicates that the patient reports more than X. The X and X have X. The remainder of X is in X, X. X has X. X was recommended for X. If these do not work, X. Current medications are X. Follow up note dated X indicates that the patient presents with X. Pain is rated as X. X received X with good result.

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, X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that it is unclear what type of response the injured worker had to X. Furthermore, it is unclear if X. The denial was upheld on appeal noting that there is no documentation that there is ongoing conservative treatment including X. Furthermore, there is no documentation of X with X for X after X. Lastly, X is not documented. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. The patient’s response to X is not documented. The Official Disability Guidelines require documentation of X. Additionally, ODG notes that there should be documentation of continued ongoing conservative treatment including X, since use as X is not recommended, and this is not documented. Furthermore, the request is nonspecific and does not indicate 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 Internal 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)