

CPC Solutions
An Independent Review Organization

Phone Number:

(855) 360-1445

P. O. Box 121144
Arlington, TX 76012

Email: cpcsolutions@irosolutions.com

Fax Number:

(817) 385-9607

Patient Clinical History (Summary)

The claimant is a X who was injured on X while X. The claimant described pain at the X. The claimant described X. The claimant had been prescribed X. No X records were documented. A X MRI of the X dated X noted X. The claimant had been followed by Dr. X for X pain. The X clinical report noted a X. Dr. X concluded the MRI of the X.

The requested X was denied by utilization review as there was limited documentation regarding X as well as X.

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

The records submitted for review would not support the requested procedures as reasonable or necessary. The claimant described a X. The claimant's treatment had included X. The claimant had not attended any documented X for the X. The X MRI study was a X and did not detail pathology consistent with a X that would support proceeding with surgical intervention. 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 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)