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An Independent Review Organization

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 mechanism of injury is described as an X. The patient was X and was X. X of the X dated X revealed X changes seen within the X in X. There is X. Progress report dated X indicates that the patient complains of X. X is managing with X and X. There is X. There is X. There is X. X is positive for X and X on X. X examination notes X or X. There is X to X. There is X with X. It is reported that there are X. Assessment notes X. Progress report dated X indicates that pain is rated X. X examination is X. Letter dated X indicates that the patient has been on a treatment with X with X. There is X.

The initial request was non-certified noting that the Official Disability Guidelines note that X examination should be well-documented including a X. There should be an X. Although X are identified on X examination, there is no mention of a X. Additionally, this claimant has X. Accordingly, the request for X is not medically necessary. The denial was upheld on appeal noting that the Official Disability Guidelines only support X if there are examination findings of X including a X. The claimant is noted to have X on examination performed on X, but there is no mention of any X on this examination. Furthermore, it is concerning that there are X complaints as well as X findings in 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. The Official Disability Guidelines require documentation of X. The submitted clinical records fail to establish the presence of a X. Additionally, the Official Disability Guidelines require that X is not present by exam, X. The submitted clinical records indicate that this patient presents with a diagnosis of 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)