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CPC Solutions

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

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:

Is X medically necessary to resolve current components of pain complex
X. Other specified X of 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 underwent X and X and X on X and X. The patient underwent X. Office visit note dated X indicates that the patient reports X in has resolved after X. X reports X in X area now. Assessment notes X. Note dated X indicates that X decreased X. Note dated X indicates that the X is X. Current medications include X. On physical examination no X are noted. X visit note dated X indicates that pain is worse with X. Pain is relieved with X. The patient reports X. There is no X and no X. Patient has X. Patient reports it is the only thing that has provided X with any sustained relief of symptoms. Patient reports X has had X and would like to proceed with X. Pain is rated as X. Physical examination notes X. X. There X no X noted. The initial request was X that objective evidence of significant improvement in both pain and function from the X could not be identified in the records provided. The visit reports before the X done were not submitted for review to establish a comparison to warrant a X. The X was upheld on appeal noting that per evidence-based guidelines, X is recommended as an option for X. In this case, the patient reported that the X and with X. X had undergone previous X with excellent results. X reported it was the only thing that had provided X with any sustained relief of symptoms. There were insufficient significant objective clinical findings presented to warrant the request for X. In addition, although it was noted that X had excellent results with the previous X, objective clinical findings prior to the X was not submitted for comparison validate evidence of significant improvement in X and X. Moreover, per reviewed literature, X may be effective in the treatment of X, but there are no reports of its use 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 right X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that objective evidence of significant improvement in both X provided. The visit reports before the X done were not submitted for review to establish a comparison to warrant a repeat procedure. The denial was upheld on appeal noting that per evidence-based guidelines, X is recommended as an option for X following X. In this case, the patient reported that the X was X. X had X with excellent results. X reported it was the only thing that had provided X with any sustained relief of symptoms. There were insufficient significant

objective clinical findings presented to warrant the request for repeat X. In addition, although it was noted that X had excellent results with the previous X was not submitted for comparison validate evidence of significant improvement in pain and function. Moreover, per reviewed literature, X may be effective in the treatment of X, but there are no reports of its use in X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient X. Follow up note dated X, approximately X. The total duration of relief is not documented. There are no significant findings documented on the patient's physical examination. 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)