

CPC Solutions
An Independent Review Organization

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Review Outcome:

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 X. X was attempting to X. It was X. X sustained an X. The X (MRI) X. There was a X. There was X. A X was recommended. Per X by X, DC dated X, X was seen for X. X complained of X. Associated X. X reported that X. X rated X. X also complained X. X examination of the patient revealed a X. X was X. Per X examination, there was X. X were X. Examination of the X revealed X. X complained of X and X. Please note that the X quantified. X of X. X provoked X. Examination of the X. X and X and X. Please note that there were X findings documented. X, and X. X provoked X. X provoked X. Per X. X stated X and X. According to the X by X, X presented for evaluation with a X. X described a X. X had X. X was X. X admitted to X. X stated that X. X had X. It was noted that since the X. Since the X. X had X. X was X. Per X, X presented with a X. X was X, and X. The X and X. X described X. X was experiencing X. X also reported X. There was no X. X denied X. There was no X. X and X. X was X. X denied X. X on X was X which indicated a X. X which X. X; was X. It was strongly recommended that this patient be X. X. The initial request for X was non-certified noting

that clear evidence of an X. The denial was upheld on appeal noting that there was limited documentation that the patient had X. X current X could not be determined as it was noted that the patient did 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 for X was non-certified noting that clear evidence of X. The denial was upheld on appeal noting that there was X documentation that the patient had attempts on X. X current X could not be determined as it was noted that the patient did X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. It is unclear if the patient would be able X. There is no documentation of X. There is no documentation of recent X. It is unclear if the patient has 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 X, the Medical

- Disability Advisor Texas Guidelines for
- Chiropractic Quality Assurance and
- Practice Parameters TMF Screening
- Criteria Manual

Peer Reviewed Nationally Accepted Medical **Literature** (Provide a

- description)

Other evidence based, scientifically valid, outcome focused guidelines
(Provide a description)

Peer Reviewed Nationally Accepted Medical **Literature** (Provide a

- description)

- Other evidence based, scientifically valid, outcome focused guidelines
(Provide a description)