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Patient Clinical History (Summary)

The claimant is a X who was injured on X when X. The claimant was initially placed in a X. The records indicated the claimant was referred for X; however, X records were submitted for review. The claimant had used X such as X. MRI studies of the X dated X noted X. There was associated X noted. There was X. The X evaluation noted continuing X. The X exam noted X. X was noted. X was described. X were documented for the X. The X requests for the X were denied by utilization review as there was no documentation regarding X. There was also no support for performing X per current evidence-based guidelines.

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

The claimant has reported continuing X. The claimant had used X per the records provided. While the clinical reports indicate that the claimant was referred for X, there were X records provided for review documenting that the claimant had X. The records did not demonstrate any evidence of X. Given these issues, it is the reviewer's opinion that medical necessity for the X is not indicated and the prior denials are upheld. As the X request for the X is not indicated, there would be no requirement for the concurrent requests of X.

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)