

**CPC Solutions**  
**An Independent Review Organization**

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***Patient Clinical History (Summary)***

X with a date of injury of X. On X, a X revealed X. The X. There was also X.

On X, a peer review report indicated that at a surgical opinion on X, a provider stated X. The patient was being treated at that time with a X. It was noted there was no X as nothing further to offer the patient other than X, quarterly for X under the direction of 1 physician.

On X, the patient was seen in clinic with complaints of X for a consultation. X past medical history was significant for X. X medications included X. X had a family history of X. Past surgical history was X. Signs were obtained and patient weighed X. X reported sustaining a X while X. X stayed in went to emergency department where X. Reports X. X had been recommended to include X. Pre-operative lab testing with X were recommended prior to X was also recommended.

On X, a utilization review report for the requested X, was submitted indicating that as the X was not supported or indicated there would be no need for X.

On X, a peer review report indicated that the requested X had been non-certified. Consequently, the associated request was not indicated. The request for X were non-certified at that time.

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

The submitted records indicate that this patient has a significant past medical history to include X. The medical history was significant for X. None of the requested X would be considered experimental and investigational in nature. However, the records also include a peer review report stating that X. The patient was being treated at that time

with a X. It was noted there was no X as nothing further to offer the patient other than X, quarterly for X under the direction of 1 physician.

On X, a utilization review report for the requested X, was submitted indicating that as the X request was not supported or indicated there would be no need for X.

On X, a peer review report indicated that the requested X had been non-certified. Consequently, the associated request were not indicated. The request for X were non-certified at that time

There is no indication that X, has been approved and or that the risks mentioned have abated. Thus, the issues raised on the previous two determinations have not been resolve, and those determinations are upheld.

The requests for: X are not medically necessary as the concurrent surgical request was not supported or indicated.

***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)