

CPC Solutions
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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:

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. Office visit note dated X indicates that the patient continues to report X. Office visit note dated X indicates there is a X. The patient was recommended for X. The patient is noted to be X. Office visit note dated X indicates that the patient reports X. X was treated for the X. The patient is X. On X examination X is X to the X. X is X. X is X. Assessment notes X.

Prior request for X was non-certified noting that the provided documentation is limited to a referral order for a X. There are no clinical notes provided to indicate what the X. The denial was upheld on appeal dated X noting that while it was noted that the patient had evidence of X examination, the official imaging report was not provided for review to confirm X. There was insufficient information to support that the patient had been initially unresponsive to X.

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

Given the current clinical data, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient X to support this request. There are X submitted for review. There is X completed to date or the patient's response there to submitted for review. There is no documentation of any recent X. Therefore, medical necessity is not established in accordance with the Official Disability 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 Medical **Literature** (Provide a

- description)

Other evidence based, scientifically valid, outcome focused guidelines

- (Provide a description)