

CPC Solutions

An Independent Review Organization

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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. The patient was X. MRI of the X dated X revealed at X. X is present. The X are X. The X are X. At X is present. This contact the X. X is present. The X is X. The X is X. The X are X. Office visit note dated X indicates that the patient X. X dated X revealed X. There is X. Office visit note dated X indicates that X. On physical examination there is X. X are X. X is X. Assessment notes X. The patient completed X. Patient is X. Patient is X. Follow up note dated X indicates that pain level prior to procedure is X. Physical examination is X. The patient was recommended for X. Encounter note dated X indicates that the patient's chief complaint is X. Pain level is rated as X. X continues to utilize X. Assessment notes 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 was non-certified noting that evidence of a formal plan of additional X in addition to X was not addressed to fully support the need for the request. Moreover, documentation of X prior to the procedure was not evident in the medicals submitted as there were no X notes and there were no lists of X documented. Lastly, clarification is needed if the patient had a recent MRI to the X as the most recent MRI submitted was dated X. Exceptional factors were not identified. The denial was upheld on appeal noting that per evidence-based guidelines, X is recommended for X when a diagnostic X is positive. In this case, the patient received X of X and X on X. The patient received X on X. The patient reported X improvement for a duration of X. The pain level prior to procedure was X. However, there was still no evidence of a formal plan of additional evidence-based X in addition to X. Also, available research is contradictory regarding efficacy of X, with no demonstration of improved function. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that for use of X requires a solid diagnosis of X confirmed by a X with a response of at least X for the duration of the X. The submitted clinical records indicate that the patient reported only X pain relief following X. Additionally, the Official Disability Guidelines require evidence of a formal plan of additional evidence-based X in addition to X. There is no evidence of a formal plan of additional evidence-based X within the submitted records. 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)