CPC Solutions
An Independent Review Organization
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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 X. MRI of the X. The patient received an X which X. The patient X. Office visit note dated X indicates that the patient X. On X there is X and X. X with X. There is X. X with X. Diagnosis: X.
Daily note dated X indicates that X. Patient did X, still 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 per evidence-based guidelines, X is not recommended following X. In this case, the patient was X. In this case the patient was X. The current request is not guideline recommended as per the guideline X is not recommended following X. Moreover, per state guidelines, the current request for X. Letter dated X indicates that X that Dr. X uses for X. The denial was upheld on appeal noting that per evidence-based guidelines, X is not recommended following X. In this case, the patient was X. X did have a X. There is no guideline support for the requested treatment in X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records fail to establish that the patient presents with a condition for which the Official Disability Guidelines would X. The Official Disability Guidelines note that X is not recommended following X. There is X. X benefit and also does not appear to X. When treatment is X should be noted. There are X documented. 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

☐ Internal 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)