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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. The mechanism of injury is described as X. The patient was treated with X and X. The patient X. Office visit note dated X indicates that the patient presents with X that does not X. Treatment to date is noted to include X. The patient underwent X. Follow up note dated X indicates that the patient X. Patient has X. The patient underwent X. Office visit note dated X indicates that the patient complains of X. This report states the X. On X. There is X. X is X. X in the X. Impression notes X. Office visit note dated X indicates that the patient X. Current medications are 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 the patient has X. These are reported

to provide X. However, these X are not reported to have produced any X. Specifically, the progress note dated X does not indicate that there is any X. The denial was upheld on appeal noting that per evidence-based guidelines, X are recommended for X. There were X. Also, the pain relief with X, documented evidence of X. Furthermore, clarification is needed as the guideline indicated that there X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines require that X is not present by exam, X. The submitted clinical records indicate that this patient X. The Official Disability Guidelines require documentation of X AND documented evidence of X. There is no documentation of X. Additionally, the request is nonspecific and does not X being requested. 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

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- Manual

Peer Reviewed Nationally Accepted Medical **Literature** (Provide a

- description)

Other evidence based, scientifically valid, outcome focused guidelines

- (Provide a description)