

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 was injured while X. The patient X and X. Treatment to date includes X. Office visit note dated X indicates that the patient recently saw Dr. X who X, but thinks that the X and X. X indicates that the patient X. Current medications are X. Patient X. Pain is rated as X. X is X. X evaluation dated X indicates that X. During X, the patient X. The overall results of this evaluation do X. Progress note dated X indicates that X was denied. The initial request for X was non-certified noting that the patient may be a candidate for X as proposed by Dr. X. As the claimant may be a candidate for X. The denial was upheld no appeal noting that the documentation details that the patient has been previously recommended to X. The documentation also does not include X. Appeal note dated X indicates that the patient would like to X and X. The patient is status X. The patient has received 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. X dated X indicates that during X, the patient X which would suggest X. The overall results of this X. Additionally, the X. The submitted X to establish that the patient presents with a X. The patient's X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Recommended where there is access to programs with X, for patients with conditions that X.

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)