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Notice of Independent Review Decision

Amended Date:

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

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. X was X and had X and X. X

dated X indicates diagnoses are X, X, X and X and X. Pain level is X. Required X and X. Initial interview dated X indicates that treatment to date includes X, X and X. Current medication is X. X is X and X is X. X is X and X is 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 for the X and X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that the claimant is X. There is no indication the claimant would require X. The denial was upheld on appeal noting that the request for X the guideline as X does not X. There seems to be some confusion of how many X to. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no X or the patient's response thereto submitted for review. There are X records submitted for review to establish that the patient has completed an X with X followed by X. There is no documentation of an attempt to X. There is no updated clinical information submitted for review. The patient's current medication X is not 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)