

CPC Solutions
An Independent Review
Organization

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Notice of Independent
Review Decision

CPC Solutions

Notice of Independent Review Decision

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 X who was injured on X when X. Office visit note dated X indicates that X. X reports X. X job was canceled, and X. X of the X dated X shows X. MRI of the X dated X revealed X. There is no X. There is no X. Initial evaluation dated X indicates that X. X states that X. X has had X. X was X. X is X. On physical examination X. X is X with X. X of the X. X has X. Assessment notes X. The patient was recommended for X. Progress report dated X indicates that the patient X. X the same. X is not X. Pain is X. X is X and X which X. X has had X which X. X has not had X. Past medical history is significant for X. Physical examination is X. Encounter note dated X indicates X. Assessment notes X. On physical examination X. X and X are X. X and X are X. X is X. The X. X is normal.

The request for X was non-certified initially noting that although the claimant presents with X, these findings are not corroborated by the submitted MRI. There is no significant X documented on the X MRI. Therefore, medical necessity is not established in accordance with current evidence based guidelines. The denial was upheld on appeal noting that guidelines note that X, along with X on physical examination. A request for X in a patient with X requires additional documentation of X. There must be X. In this case, there is no evidence of X. There is no documentation of exceptional clinical factors to support the request outside of guideline criteria.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Given the current clinical data, the request for X is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines note that X must be well documented, along with X on physical examination. The most recent physical examination submitted for review dated X fails to establish the presence of X. X are normal. X of the X dated X shows no X. MRI of the X dated X revealed X. There is no significant X. There is no significant X. Recommend non-certification.

Official Disability 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)