

CPC Solutions
An Independent Review Organization
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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 a X whose date of injury is X when X was X and X, X. The diagnosis was X and X. An X from X revealed at X, X. The X. At X, X was again seen, X in the X. Along with X, there was X. There was X and X. Treatment to date includes X. Office visit note dated X indicates chief complaint is X. Current X include X, X, X, X, and X. X were documented for X. Medical history includes X. X is X. Pain is along the X. On exam there is X and the X. X of X. X are X. X is X and X. X is X. X is X. Assessment notes X, X and X. X was recommended for X. The claimant underwent a X on X to determine X. The claimant appeared to have X related to the procedure and noted a X guidelines. X appeared to be X. The claimant was noted to be a X for the X. X dated X indicates that the patient did not appear to be X. X has a history of X and being X. X currently has a X and is compliant with X care plan. X demonstrated knowledge of the X and X. X appears X to improve X quality of X. The patient's X procedure is X.

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 with X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that there is no documentation of X pain following X. In addition, the claimant is a candidate for X as there was a prior request for X. There is X in this clinical X. The denial was upheld on appeal noting that The Official Disability Guidelines does not recommend X for use other than a X or X. X may occasionally be considered only as a X on a case-by-case basis for X. Examples of the X include X. The claimant had X and was noted to be a X. The treating provider recommended a X for the claimant's ongoing pain. However, as noted previously, there were no exceptional factors noted to support the request outside guideline recommendation. There was no objective evidence confirming the X. Therefore, the request for X is non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that this patient presents with a condition for which the Official Disability Guidelines would support X. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. There is no documentation of recent or ongoing active treatment modalities. 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 Medical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)