

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Amended Date:

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. Treatment to date is noted to include X, X and X. X dated X indicates that X complain of X into X. On X is X. X was X in a X. X dated X shows at X and X. There is X. The X is X and X. There is X and X and X. There is X. The patient underwent X on X. Follow up note dated X indicates that the X provided more than X, X. X is X, X. X wants to proceed with a X. X are X. Due to X, X and X, X did require X in the X and X did that quite well. Follow up note dated X indicates that X after X the patient X. X was getting X, X. X was looking forward to getting X and X. It is reported that only X will be provided. There was X and X as indicated by the X. The X is being requested that was X as X has X, X. X got more than X or X. X was more X and X. X is able to X, X and X. X was 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 recommended as medically necessary, and the previous denials are overturned. The initial request was non-certified noting a lack of X documented. The denial states that this has been addressed and significant X was reported after the X which may be reasonable to repeat. However, there is no record of X that would X for this procedure. X is not recommended and there is no record of X that would indicate such X as to require the involvement of an X or X. X care is not shown to be medically necessary. Follow up note dated X indicates that X after successful X the patient feels X is X. X was getting X, X. X was looking forward to getting back to X and X. It is reported that only X will be provided. There was X and X. The same procedure is being requested that was effective for the patient as X has X, X. X got more than X as X is reported lasting over X. X was more X and more X. X is able to X, X and X. X was off X.

Given the additional clinical data, there is sufficient information to support a change in determination, and the request is certified.

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 X
- 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)