

CPC Solutions
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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. X was X. X finished X and went home. X were X. X started X for a X. X of the X revealed X in the X. MRI of the X shows X with the X and X. X received a X on X. X of the X. There is X and X. X report dated X shows X. X received an X to X. X continued with more X. Office visit note dated X indicates that X is not really getting any X. X was provided an X. X of the X shows X. Chart note dated X indicates that X has been in X and doing X, but X still has pain and still has concerns about the X. Designated doctor evaluation dated X indicates that chief complaint is X and X. Pain level is X. The patient was determined to have X with X. X evaluation dated X indicates that X has been X since the injury and has X. X has not X. Pain level is X. Required X is X and current X is X. There is X test with X. Follow up note dated X indicates that the X continues to have X and is really in need of a X. X has had some success with X in the past. Plan will be for continued X. Ultimately X needs a X, but this has been denied.

The initial request for X was non-certified noting that per Official Disability Guidelines, X Chapter, "X: Medical Treatment: X." In this

case, the claimant complaints of X. The claimant has been assessed to have X as noted by X. This request is X as per guidelines. There is X would not be sufficient to address any remaining deficits. Additional X will not provide any significant or meaningful improvement in the condition in the long run and other treatment modality should now be considered. The denial was upheld on appeal noting that the X has completed X in the most X but has also had X since the injury. The guidelines have been exceeded. X is not particularly effective for treating X as there is really no X. The X should be capable of a X by this point in time.

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. The submitted clinical records indicate that this X has X to date. The request for X would continue to exceed guideline recommendations. When treatment X and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. The submitted clinical records fail to document ongoing X as a result of X. The X has completed sufficient X and should be capable of continuing to 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 Medical **Literature** (Provide a description)

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