

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 claimant is a X who sustained an injury on X. The claimant had reported pain at the X and X. The claimant had been treated with X. The claimant had used X. The claimant is status X. It is unclear if the claimant had attended any X. The claimant did undergo a X on X; however, the response to the X was not included. X or other X was included for review. The claimant's previous X and X were more X. The X evaluation noted X. There was a X noted with X. X and with X was noted. The X evaluation noted X and X pain. The X continued to note X, X, and X. There was X. The X was stated to be X. There were X over the X. X findings were noted. The report recommended X. The requested X and/or X, X was denied by utilization review as it was unclear if the claimant had X or X and the pain X was unclear.

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

In review of the available records, the claimant had been followed for X and X. The records had not detailed any X for the claimant even though it was recommended in X following the X. The response to the recent X was unclear in the records to X for the claimant. Further, the claimant's available X and X are several years out of date. Without clear evidence of X for the claimant and updated X and X, it is this reviewer's opinion that medical necessity is not established and the previous denials are upheld.

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)