

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome:

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, X and injured X. Treatment to date includes X. X dated X shows X. X of X dated X shows at X with X. X of X. X of X measures X. X. X. The patient underwent X and reported X. Office visit note dated X indicates that X did not get X from the X and continues to do X. Initial X evaluation dated X indicates that X feels X is X. Current X are X, X and X. On X had X at X and X. X had X on X. X had X in the X. X are X in the X. Follow up note dated X notes X continues with X. X has X. X has X on the X. Follow up note dated X indicates that X is already noticing X. Current X include X and X. X continues to have X with a X into X and X. X is often X on the X and X consistent with X. The X appears to be the 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 not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that per ODG, “X or X to a X that typically causes X and/or X or X in the X supplied with the X from that X) must be well documented, along with X on X. X must be corroborated by X (X) and, when appropriate, X, unless documented X, X, and X support a X. A request for a X in a patient with X requires additional documentation of X associated with X.” In this case, there is no documented X evidence of X. Furthermore, it is unclear why “X” would be needed to X the “minimal X” that has been requested. The denial was upheld on appeal noting that there is no documentation of any X or X condition which would require X. A X approach is not generally supported by evidence-based guidelines. There is insufficient information to support a change in determination, and the previous

non-certifications are upheld. There is no significant X documented on X. There is no documentation of X or X to support the request for X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

ODG by MCG (www.mcg.com/odg), Evidence-Based X Treatment Guidelines, X and X Section, X, updated X

Conditionally recommended at X on a case-by-case basis as a X treatment for X, when used in conjunction with X.

ODG Criteria 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 X 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 X 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)