

CPC Solutions
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Notice of Independent Review Decision

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. X noticed a X in X. X of the X dated X shows at X, X is X. X is noted X. X of the X is X. At X, X is X. X or X is noted. Follow up note dated X indicates X is X. There are no X. X is X. X are X. X dated X indicates that chief complaint is X, X and X the X associated with X, X, X. Treatment to date includes X, X, X. Pain is X. Current medications are X and X with X. X is X. On X there is X at X. X has X on the X with X on the X. The patient has X in the X. Due to X, X and X, X will require X in the X. Follow up note dated X indicates that the patient is X and X having X. X is X at X. X has X. X knows to be X. X knows X such as X, X and X and is willing to accept these.

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 at the X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that, "In this case, X shows a X but X and with only X. Overall, the medical records, thus, do not confirm the presence of a X for which an X is likely to be X. Overall, the medical records do not provide a rationale which would support the X performed X." The denial was upheld on appeal noting that "there is

no clear documentation indicating that this X has X requiring X for this procedure X is noted as X in the X medical report). Based on the available records reviewed, the medical necessity for X has been established. However, modification of this request is recommended for X with X performed without X.” There is insufficient information to support a change in X, and the previous non-certifications are upheld. There is a significant change in the patient’s clinical presentation between X when there is X, X, X and X and X on X when there is X and a X in the X. It is unclear if the patient received any X for these X. Additionally, there is no significant X documented on the submitted X. 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 Médical **Literature** (Provide a description)

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