

CPC Solutions

An Independent Review Organization

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Notice of Independent Review Decision

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. The patient was X when there was an accident that resulted in X. X completed X. X dated X shows at X there is X with X. X with X and X is present X and X. There is X or X. The patient underwent X on X. Follow up note dated X indicates that X got X following X. Follow up note dated X indicates that the patient got X, X and X following X. Follow up note dated X indicates that the X offered X, X and X. X feels the X is X. The patient will be given X. X continues to X from X, X associated with this injury. Current X are X, X, and X. X is X at X, X. There is X in 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 “Understanding this injured employee has a reported history of X, this request is not supported. There has been previous treatment with X performed on X. This has provided X of symptoms for X. The most recent progress note is dated X and requests X. However, there are no corresponding objective findings to support this procedure. The Official Disability Guidelines specifically states that X are only indicated for individuals with X complaints that directly correlate with X and X. While there are complaints of X symptoms, there are no current X indicating X, X, or X in the X. X is not stated to specifically reproduce symptoms. Furthermore, X on X does not reveal any X but rather only X. Absent these objective findings, this request for X is not supported.” The denial was upheld on appeal noting that “The Official Disability Guidelines only supports X if there has been X for X from previous X. Although there were stated to be X with previous X as well as X the

length of time of this efficacy has not been stated. Furthermore, X dated X does not reveal X that any level to support X. Accordingly, this request is not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient underwent X on X. The Official Disability Guidelines note that X should require documentation that previous X produced X and X. X is better supported with documentation of X requirement after the previous procedure. Although the patient subjectively reported X, there are no objective measures of X documented. There are X documented. There is no documentation of specific X or 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 Medical **Literature** (Provide a description)

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