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. The patient was involved in X. X sustained X. The patient underwent X. X of the X dated X shows X. X re-evaluation dated X indicates that X is X with X. X is X, X, X and X. X is X. Chart note dated X indicates that X still has X here and there in X but the X it has X having X. X continues with X. On X examination there is X and X. Assessment notes X. X re-evaluation dated X indicates that X reports X at X and X with X as well as X. X is X, X, X and X. X is X and X otherwise. Letter of medical necessity dated X indicates that X continues to have X with X and X of the X. X has X. X would like to return to 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 the patient has already undergone more than the recommended number of X to address the X. The guidelines recommend X and this patient has been certified for X. Also, the guidelines recommend that the treatment be administered on X. The patient should be able to continue X. The denial was upheld on appeal noting that due to X, the patient was certified for X which exceeded the maximum allowed X. It was noted that the patient was participating in X. Additionally, X were not X properly from X to X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that this patient has been authorized for X. The request for X would continue to exceed guidelines. When treatment X and/or X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed X and should be capable of 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 Médical **Literature** (Provide a description)

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