

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision
Amended Date:X

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 claimant is a X who sustained an injury on X while X. The claimant reported a history of X and X prior to the reported date of injury with a prior X history to include X and X. The claimant reported that X and X had not been helpful.

The X did note evidence consistent with X. The X noted X and X at X and X that contributed to X at X only. There was some X noted at X with X present. No X was detailed at either X or at X. The X again noted X at X. A prior X was noted with X contributing to X and X. At X, a X was present with X contributing to X and X. The X evaluation noted X. A specific X exam was not included.

The proposed X was denied by utilization review due to the lack of evidence of X.

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

The claimant had been followed for a history of X and X in the X. There was a prior history of X at X prior to the reported date of injury. In review of the claimant's X, there is evidence of X at X and X with X. However, there are no current X or X evaluations of the claimant detailing any specific evidence of an X. Further, X did not detail any evidence of X or X at X or at X that would support proceeding with a X as requested. X is not recommended for X or X only. No other clear findings were

detailed to support proceeding with the X procedures requested. Therefore, it is this reviewer's opinion that medical necessity for the requested procedures is not established and the prior 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)