

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 mechanism of injury was not described in the information provided for the review. The current diagnoses are X. X included X, X, X, X, and X with X. Prior relevant treatment included X, X, and X. The claimant was seen on X for X, treated with X. X continued to have X rated X. X was under X, and was using X for treatment of X and X. X reported X in the X, claimed to X and reported having X. The plan of care included X. Follow up note dated X indicates that the patient has X. Current X include X and X. X is under X and has had X. X is on X and continues to do well in this area. Pain is X. X has completed X and is performing an X program. Recent X. There is no evidence of X. There are no X to correct; this is a sympathetic process. X has X. X has X in a X or 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 performed under X with X is not recommended as medically necessary

and the previous denials are upheld. The initial request was non-certified noting that, “The Official Disability Guidelines do not recommend X for pain based on a lack of quality studies. Since X have been X performed, despite a lack of evidence of effectiveness, other more proven treatment strategies like X and X should be preferentially instituted. The physician did not address why first-line treatment measures were not utilized before recommendation was given for this particular treatment. There were no exceptional factors or extenuating circumstances identified to justify the request as an outlier to the guidelines. As such, the request for X performed under X is non-certified.” The denial was upheld on appeal noting that, “The Official Disability Guidelines do not recommend X for pain based on a lack of quality studies. Since X have been X performed, despite a lack of evidence of effectiveness, other more proven treatment strategies like X and X should be preferentially instituted. The Official Disability Guidelines did not address medical necessity as it relates to the use of X for this purpose. Per the American Society of X may be an indication for X or X. In addition, procedures that require the patient to remain X period of time and/or remain in a X. The claimant reported pain X and X. There was X extremities causing X and X. However, X are not supported by the guidelines and there was no documentation of X toward the medical necessity of X. As such, the request for X with X performed under X is not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is a lack of support for the requested X within the current evidence based guidelines. Guidelines also states that X are not recommended. 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)

