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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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

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 is described as X. X-rays of the lumbar spine dated X showed X. X was treated conservatively with a course of X. MRI lumbar spine dated X shows X. CT pelvis dated X shows X. Office visit note dated X indicates chief complaint is coccyx pain. Current medications include X. Surgical history is significant for X.

Patient denies muscle weakness, imbalance and numbness and tingling. X endorses a history of X. Initial x-rays of the coccyx, MRI lumbar and CT pelvis were X. Pain is rated X. On physical examination X is painful. There is X. X are X. There is tenderness to palpation lumbar spine. Pain is X. There is point tenderness over the coccyx. Assessment notes pain in coccyx, contusion of coccyx, low back strain and chronic pain syndrome. Note dated X indicates that the patient reports X back still hurts. Patient has been working modified duty. Diagnosis is contusion of lower back and pelvis. X continues to report point tenderness in X coccyx. On the exam there is mild tenderness in X sacrum and severe tenderness on X coccyx. There is stiffness and a slightly limited range of motion. Joint stability: stable. Muscle strength is X. X is neurovascularly intact.

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

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 Official Disability Guidelines note that the requested X is not recommended, since there is no high-quality evidence (with long-term outcomes) supporting this treatment. There are no exceptional factors documented to support the request outside guidelines. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.” The denial was upheld on appeal noting that, “The Official Disability Guidelines did not recommend X since there is no high-quality evidence (with long-term outcomes) supporting this treatment. The claimant was complaining of coccyx pain. Objective findings included tenderness over the coccyx region. However, the guideline did not recommend the requested X due to no high-quality evidence supporting the treatment. Thus, the request for X is recommended as non-certified.” There is insufficient

information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines Hip and Pelvis Section reports that X are not recommended since there is no high-quality evidence (with long-term outcomes) supporting this treatment. Further clinical studies are required to establish the safety and efficiency of this technique. There is no rationale provided to support the request outside guideline recommendations. There are no significant findings on diagnostic testing. Recommend non-certification of the request.

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)