CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

***Amended Date:* X**

CPC Solutions

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 claimant is a X who sustained an injury on X and had been followed for complaints of neck pain. A large object hit X on the date of injury. The claimant described weakness with numbness and tingling in the upper extremities. The claimant's symptoms had not improved with X. The X cervical MRI report noted X. There was a X. There was X demonstrated. The X evaluation noted continuing neck pain and weakness in the upper extremities. In review of the physical exam findings, there was an X. The requested X.

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

In review of the available clinical findings, this reviewer would disagree with the prior denial decisions. Based on the most recent physical exam, there are X noted at the X. The weakness is X. In review of the prior cervical MRI report, there is clearly X. This claimant is at a significant risk for X. It would be expected that the claimant's X will become worse with time. There is no role for non-operative measures at this point and in order to avoid permanent neurological damage, it would be appropriate to proceed with the proposed X. Therefore, it is this reviewer's opinion that medical necessity has been established for the service in question and the prior denials are overturned.

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)