

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:

XI

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 was injured on X. The claimant had been followed for X. The claimant had a prior surgical history for the X. The claimant did have an X. At the X evaluation, the claimant reported pain X. The claimant underwent X. The last urine drug screen report was done in X which noted X. It is noted that the claimant was X as of the X evaluation.

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

The requested X for the X date of service was denied by utilization review which

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noted X. In review of the clinical records, the specific X. The records also did not include a recent urine drug screen report. The prior urine drug screen from X did note X. Therefore, it is this reviewer's opinion that medical necessity for the requested X on X 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 Medical Literature (Provide a description)

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