

CPC Solutions
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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:

- 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. Treatment to date is noted to include X. CT lumbar spine dated X shows the patient is X. There is a X. Mild X is present and there is X. There is X. At X the patient is status X. The X. The X is X. There are X. There is X. There is X. Initial pain evaluation dated X indicates that X has been treated with X. Follow up note dated X indicates that X has X. Follow up note dated X indicates that X continues to do well with drug regimen for X. X walks with an antalgic limp. Pain is 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 is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "Review X certified the request for X. Proceeding with the request for a X is supported, as the claimant has X. Although the functional response from their X is not provided; as it has been more than X years since their X. Additionally, imaging supported findings of spinal compression, as it showed X. However, the request is made non-medically appropriate, X. Hence, the prospective request for X is non-certified." The denial was upheld on appeal noting that, "Upon review of the submitted records, it appears that the prior non-certification was appropriate. The guidelines clearly do not support the use of X. The cited guideline states that the use X is not recommended. Since the X was part of the requested treatment, the request may not be warranted at this time. Therefore, the appeal request for X is non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Guidelines do not support the use of X. There is no documentation of X to support the request. 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)