

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Amended Date: X

Case Number: _____ **X Date of**
Notice: 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 claimant is a X whose date of injury is X. The claimant was diagnosed with other intervertebral disc degeneration in the lumbar region with discogenic back pain only, other cervical disc degeneration at the X, other intervertebral disc degeneration, segmental and somatic dysfunction of the pelvic region, sacroiliitis not elsewhere classified, pain in the right knee, and pain in the left knee. The claimant was seen by X. The patient initially presented with right side neck pain, left side lower back pain, and right knee pain, which generally decreased over time. Subsequent evaluations revealed increased lower back pain radiating to the right hip and groin, reduced cervical range of motion, and persistent right knee pain. Examinations consistently showed a X. Diagnoses included cervical and lumbar disc degeneration, sacroiliitis, and bilateral knee pain. Re-exam dated X indicates the claimant reports neck pain, low back pain and right knee pain. On physical examination cervical range of motion is X. Maximum cervical compression test is X. Cervical syndrome is noted to be X. Deep tendon reflexes are X throughout.

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 non-certifications are upheld. The initial request was non-certified noting that, “A successful peer conversation occurred, but it did not alter the determination. The provider indicated that the patient was treated several times a month on a regular basis for X. No, the requested X is not medically necessary. During the peer discussion with the provider, it was indicated that the patient treats several times a month on a regular basis for X. The treatment appears to be more maintenance in nature and as such is not supported by ODG guidelines. Therefore, the requested treatment is not medically necessary. Therefore, the request for X is non-certified.” The denial was upheld on appeal noting that, “The patient is a X who was injured at a work-related incident on X. A pure conversation did not take place with Dr. X. From the information

provided in the records and documentation, the patient does not appear to have made much functional progress with the care received. The request for X, which is not recommended by the guidelines. Therefore, the medical necessity for this request has not been met. Therefore, the request for appeal X is upheld and non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient has X. Ongoing care appears to be maintenance care which is not supported by guidelines. There is a lack of documentation on ongoing significant and sustained improvement with treatment. 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

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- 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)