

**CPC Solutions**  
**An Independent Review Organization**  
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**Notice of Independent Review Decision**

**Case Number:**  
**Notice:** X

**X Date of**

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**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 patient X. The patient underwent X. Designated doctor evaluation dated X indicates that X dated X. There is X. X between X. There is X. Far lateral disc herniation toward the X. Office visit note dated X indicates that the patient reports ongoing X. X has undergone X. Despite a X. The current pain level is X out of X on a pain scale, worst pain with medication is X out of X on a pain scale, worst pain without medication is X out of X on a pain scale. The percentage of pain relief with medications is X percent. On physical examination shows X. Lumbosacral spine shows X. There is a X. There is pain X. Well healed X. Tenderness over the X. Pain with X. Pain with X. The patient is diagnosed with chronic pain syndrome; lumbar post-laminectomy syndrome; lumbar radiculopathy; lumbar spondylosis. The patient had X. Prior radiofrequency thermocoagulation of X. Bilateral X on X. Bilateral 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, “Based on the records, the claimant complained of X. The provider noted that the claimant had X. However, the X. Additionally, the levels intended to undergo the proposed procedure were not specified within the records. It is also unclear if the requested X. Further, the most recent available X. As such, the request cannot be certified. Therefore, the request for X is non-certified.” The denial was upheld on appeal noting that, “X. However, the documentation lacks objective evidence of X. There is no clear documentation of significant recent symptoms worsening or deterioration of X. Despite some evidence of X. No exceptional factors are identified in this case to supersede guideline recommendations or overturn recent denials. Thus, the request is not supported.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no updated imaging submitted for review and the most recent X. The patient’s physical examination notes that strength is X. Deep tendon reflexes are X. There is no X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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- 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)