

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Amended Date: X

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Case Number:
Notice: X

X Date of

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. The claimant was assessed with Xs. The X brain MRI report was X. The X routine EEG study noted X. The X evaluation did not include updated exam findings. The claimant did report ongoing headaches and weight gain. The X was denied as there were no indications to proceed with the study based on current evidence-based guideline recommendations.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used

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to support the decision.

As of the X evaluation, the claimant had reported continuing headaches. A formal neurological evaluation of the claimant was not completed noting any specific deficits that would support proceeding with a X. The current evidence-based guidelines do not recommend X. No other pertinent current clinical findings were detailed in the records to support proceeding with the X. As such, it is this reviewer's opinion that medical necessity for the X is not established, and the previous denials remain 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)