

CPC Solutions
An Independent Review Organization
P. O. Box 121144 **Phone Number:** **Fax Number:**
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Notice of Independent Review Decision

Amended Date: X

Review Outcome: X

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. X injured X low back X. MRI lumbar spine dated X shows at X. There is a broad X. The thecal sac is X. A

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X *Date of*

X is present due to the X. There is X. X was treated conservatively with X. Note dated X indicates that because of fear and anxiety, X will require X. The patient underwent X. Follow up note dated X indicates X reports more than X improvement of X axial back, buttock and leg pain. X is more functional and more active. X is taking less medication. X is off X. Follow up note dated X indicates the X gave X more than X pain relief, improved function and decreased use of medications. X wants to avoid surgical intervention. X has X straight leg raising. Follow up note dated X indicates that the patient presents having received excellent relief of X back, buttock and leg pain following a X. With increased activities and now X months later, X feels X right buttock and leg pain have returned, but still significantly improved from when X first presented for treatment. X has moderate lumbar interspinous tenderness and X straight leg raising on the right. X has decreased pinprick in the X. X walks with a X. X is recommended for a X. X is recommended to continue X.

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

The request for X is recommended as medically necessary and the previous denials are overturned. The initial request was non-certified noting that, “the injured worker has not demonstrated sustained improvement for a minimum of X weeks, X is not clinically indicated, and there are no mitigating factors that would support departing from the established guideline recommendations.” The denial was upheld on appeal noting that, “The appeal letter continued to include X which remained a direct contraindication.” Guidelines note that X is supported with documentation of sustained improvement of pain or function of = X, as measured from baseline,

for = X weeks after X. The submitted clinical records indicate that the patient underwent a X. As of X, X reported more than X improvement of X axial back, buttock and leg pain. X was more functional and more active. X was taking less medication. X was off X. Follow up note dated X indicates the X gave X more than X pain relief, improved function and decreased use of medications. Note dated X indicated that because of fear and anxiety, X will X. X received X. Given the patient's fear and anxiety and that the request is for X as defined by the Official Disability Guidelines, the request for X is certified.

A description and the source of the screening criteria or other clinical basis used to make the decision:

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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)