
CPC Solutions
An Independent Review Organization

Phone Number:
(855) 360-1445

P. O. Box 121144
Arlington, TX 76012

Fax Number:
(817) 385-9607

Email: @irosolutions.com

Notice of Independent Review Decision

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 determination 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)

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The patient is a X whose date of injury is X. The patient was involved in a motor vehicle accident. X was X. The patient is diagnosed with other spondylosis with radiculopathy, cervical region and Spinal stenosis, cervical region. Relevant X. Note dated X indicates strength is X bilateral upper extremities. X has neck pain with radiation of pain into right upper X. X was seen on X reporting continued pain with radiation into X right upper extremity with new pain in X left shoulder. MRI of the cervical spine dated X shows X. This disc X. The bilateral X. CT cervical spine dated X shows X. This is nonspecific in X. Note dated X and X indicates on exam X has neck pain with radiation of pain into X. Note dated X indicates X has continued pain in X neck with radiation into X bilateral shoulders. X was doing X. On physical examination strength is X in the upper extremities. X has neck pain with radiation of pain into X. The patient underwent X on X. Progress note dated X indicates that X reports continued neck pain with radiation into X bilateral trap muscles. X denies numbness and tingling or weakness. X completed X. X is taking X. X requests X as X is X. X has X with controlled X. On physical examination strength is X bilateral upper extremities. X has neck pain with radiation of pain into X. Note dated X indicates that there is a X. It may be a X. Due to this finding the patient X. X is recommended to 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, The Official Disability Guidelines recommend X. The Official Disability Guidelines do not address the request for X; X. In this case, the claimant is X. Undated MRI showed X. The cervical X. Prior treatments include X. The treatment provider recommends X. Although records show that the claimant has exacerbation of neck pain and new radiation of pain, recent clinical

objective findings were not provided. The official MRI results were also not provided. There is no documentation that the claimant had or is being considered for an X. In addition, there is no rationale noted for the use of X. Medical necessity has not been established. As such, the request for X is non-certified. The denial was upheld on appeal noting that the treating provider recommends X. The treating provider submitted an appeal letter dated X. Although records show that the claimant has exacerbation of neck pain and new radiation of pain and official MRI result was provided, there are no recent clinical objective findings noted to support the request. In addition, there is no documented evidence that the claimant had or is being considered for an X. A call was made and spoke with PA. They will resubmit requests with new information. As such, the request for X is non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Progress note dated X indicates that X reports continued neck pain with radiation into X bilateral trap muscles. X denies numbness and tingling or weakness. X completed X. X is taking X. X requests X. X has X. On physical examination strength is X bilateral upper extremities. X has neck pain with radiation of pain into X. Note dated X indicates that there is a X. It may be a X. Due to this finding the patient X. X is recommended to X. However, the patient s clinical presentation has remained unchanged since at least X. There is no

documentation of a significant change in the patient s clinical presentation to support repeat X. 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

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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)