

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Amended Date: **X**

CPC Solutions

Notice of Independent Review Decision

Amended Date:

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 who sustained an injury on X after X. The claimant described lower back and right leg pain. Prior medical history included X. The claimant was a X. The claimant was provided with a X. The X lumbar MRI report noted an X. The X Lumbar CT report also detailed the X. The X electrodiagnostic report noted evidence of X. The X lumbar CT report noted X. The X lumbar MRI report noted X. At the X evaluation, the physical exam noted X. X were noted. The services in dispute to include X were denied due to the X of the request.

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

In this case, the claimant suffered an X. X can be considered a treatment option for X. Neither condition is evident on imaging. The subsequent imaging reports for the lumbar spine note X. Therefore, there are no current indications to proceed with X. As the X is not supported, there would be no requirement for X. As such, it is this reviewer's opinion that the services in dispute: X are not medically necessary and the previous denials are upheld.

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

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)