

**CPC Solutions**  
**An Independent Review Organization**

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***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:***

X

***Information Provided to the IRO for Review:***

X

***Patient Clinical History (Summary)***

The patient is a X. X was X. X and X. The patient has been authorized for X. X of the X. X is suggested. X and X appear X. X dated X. Office visit note dated X indicates that X. X did X for a X. X note dated X. X are X. X is X. X in the X. X dated X indicates that the X. X states X. On X has X, but X and X. X is X and X. X is X. There is X. X and X in the X. X on the X. X and X. X is noted with X. X is X. X is X. X are X. X is X. X is X. Otherwise, X and X. X notes 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 X. It was unclear if the X. Further X would not be X ongoing medical necessity. The denial was upheld on appeal noting that X had been X. The patient

should X. There is insufficient information to support a X in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the X. The request for X would continue to exceed Official Disability Guidelines recommendations. When X should be noted. There are X. The submitted clinical records X. The X and should X.

***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 Médical Literature (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines

(Provide a description)