

**CPC Solutions**

**An Independent Review Organization**

**P. O. Box 121144**

**Arlington, TX 76012**

**Email: @irosolutions.com**

**PH: (855) 360-1445**

**FX: (817) 385-9607**

***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

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

The patient is X whose date of injury is X. The patient X. The patient X. Follow up note dated X. X reports X. On X. Office visit note dated X indicates that the patient presents for follow up on the X. Patient states X is X. Patient states, X. The patient states X is X. X reports a X. On X there is X. X is X. There is X. Current Xare X. Assessment notes complex 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 without an order from the physician, approval cannot be recommended. The denial was upheld on appeal noting that the patient X. X has apparently X. ODG recommends a X. While it is unclear why X is X. X appears X. There was a recommended X but contact with the provider's office was not established and the request was non-certified. There is insufficient information to support a X, and the previous non-certifications are upheld. The patient X. The patient has X. Current

evidence-based guidelines support up to X. When treatment duration and/or X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X. The patient has 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)