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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 X is a X who X. The X had been X. The X was recommended for X and was X. Due to the X, an X was not recommended. In review of the X, there was a X and X. The X. The X did note X. The X noted the X. The X noted X. There were X and X. X was noted. There was X and X. The X request was not recommended by X.

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

The X had been followed for X. X noted a X. There was X. X was X. The X or X. There was X. Therefore, it is this reviewer's opinion that medical necessity for the request is not established and the previous denials are upheld.

***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 Medical Literature (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines

(Provide a description)