

CPC Solutions
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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 claimant is X who sustained an injury on X and reported X. The claimant was X on the date of injury. The claimant had been treated with X. No X records were included for review. X of the X dated X were X. The X noted X. This was a X study. The X evaluation noted X. The X noted X. There was X. The requested X was denied by utilization review due to the X and X.

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

The claimant has been followed for X despite X. No X records were included for review demonstrating that the claimant had X or had X. While the current X did not X concerning X, the prior X of the X which is more than a X. This was a X study and no more recent X of the X was included for review detailing X that would be X. Therefore, it is this reviewer's opinion that medical necessity for the requested procedures 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)