

CPC Solutions
An Independent Review Organization
P. O. Box 121144
Arlington, TX 76012
Email: @irosolutions.com
Ph: (855) 360-1445
Fx: (817) 385-9607

Notice of Independent Review Decision

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 is medically necessary.

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 a X who sustained an injury on X when X and X causing injury to the X and X. The claimant described X with the X detailing a X with X of the X to the X. The X evaluation noted X and X. The X exam noted X with X to X with X to X and X to X. There were X noted. The claimant was referred to X in X of X. The X request was denied due to the lack of documentation regarding X treatment.

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

The claimant sustained a X injury at the X with X at the X and X with X based on X results. The claimant had reported X and X. The claimant's current X exam findings were consistent with the X findings. In cases of X, X is appropriate. It is very unlikely that the claimant would improve with X. Given the age of the injury, an X will be needed. In cases of X is commonly

required. The extent of the X would also require X use of an X. Therefore, it is this reviewer's opinion that medical necessity for X is established and the prior denials are overturned.

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)