

## **CPC Solutions**

*An Independent Review Organization*

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### ***Notice of Independent Review Decision***

***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 whose date of injury is X. X dated X shows at X. X is patent. At X. There is X. X dated X shows X. The patient underwent a X. Designated doctor evaluation dated X indicates that X is currently X. X states X had X. X adds that X has X. On exam X is X. X is X. Progress note dated X. Current medications are X. X has a history of X. On exam there is X. There is X. X is X. Assessment 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. The initial request was X. X are X. Progress notes indicates that there has been X. Considering this X. The denial was X. In this case, clinical notes state that there are X noted. There is documentation that the X. There is X. The Official Disability Guidelines note that, "X." The submitted clinical records indicate that the patient reported X. Therefore, 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)