

**CPC Solutions**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

**Amended Date:**     X

**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

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

***Information Provided to the IRO for Review:***

X

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

The patient is a X whose date of injury is X. X sustained a X. The patient X. New patient consultation dated X indicates that X complains of X. X reports pain in the X. X is rated X. On exam X is present due to X. Follow up note dated X indicates that X reports X. X evaluation dated X indicates diagnosis is X. The patient went to a X. X is X. Follow up note dated X indicates that current X. X reports X is X. X is rated X. On X examination there is 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 denial was non-certified noting that X. There is X. The denial was upheld on appeal noting that ODG X. The patient does have a X. The evaluation notes that the claimant has previously received X. However, there is a X. Additionally, the request X. ODG X. There is X. There is X. There are X. Additionally, the Official Disability Guidelines note that X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

ODG by 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 X
- 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)

