

CPC Solutions
An Independent Review Organization
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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:

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 injured x at X. Treatment to date includes X. The patient underwent X. Follow up note dated X indicates that the X. X did not offer X. X states the X. Follow up note dated X indicates that X. X is X. X is X. X is X. Follow up note dated X indicates that the X. X is recommended for X. This patient is performing X. X has X. X is on X. X pain is X. X states X. X cannot X. X has X. Due to X has been recommended.

The initial request was X. Also, according to guidelines, X. with a diagnosis of X. There was X. The denial was X. Per ODG, "X. Hence, request 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. Follow up note dated X indicates that the X. X is X. X is X. X is X. The patient reports X. Due to X has been recommended. This patient is X.

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 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)

