

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

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. The patient X. X underwent X. Treatment to date includes X. Initial X evaluation dated X. X reportedly continues to X. Diagnoses include X. The patient underwent X. Follow up note dated X indicates that X still reports X. X still has X. X tried X. Follow up note dated X indicates that the patient presents X. X had a X and X is waiting for X. X has X. X feels the X. X was offered a X. X has X. X is X. Follow up note dated X indicates that X got X. X was 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. There is also X. The denial was X. Hence, the appeal request of X. There is X. It does not appear that this patient has X. It appears that the procedure performed on X. X presented for a X. Current evidence based guidelines note that X. There is 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)

