

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 claimant is a X who sustained an injury on X. The claimant reported pain at the X. The claimant was X. The claimant was referred to X. Medications had included X. A call from the claimant's X on X noted that the claimant was X. The X report noted moderate X. The X report detailed a X. There was X noted. The X evaluation noted X. The X exam noted very X. The claimant could X. There were X noted. There was X noted with X. The claimant underwent X. The X request for this claimant was denied by utilization review as there was a X.

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

The claimant presented with X. The claimant could X. The claimant's X evaluations did note X. In review of the claimant's X report for the X. Based on the limited X. Therefore, it is this reviewer's opinion that medical necessity for the 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 **Medical Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)