

Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: manager@core400.com

Information Provided to the IRO for Review

- Clinical Records – X
- Notice of Disputed Issues and Refusal to Pay Benefits – X
- Post Designated Doctor's Required Medical Examination – X
- Report of Medical Evaluation – X
- Texas Workers' Compensation Work Status Report – X
- Peer Review Reports – X
- Utilization Reviews – X
- Diagnostic Data – X

Patient Clinical History (Summary)

X who was injured on X. X was stepping up on X. X had X following that. X was diagnosed with X, current injury, X, subsequent encounter (X).

X was evaluated by X, MD for X pain / X pain. The symptoms that were present at the previous visit had not changed. X was present in the X with positive X test.

On X, X, MD evaluated X for a follow-up on the X. X stated X. Pain scale was X. X stated that overall the symptoms had remained the same. X and pain remained the same. X was unchanged. Occasional X was reported. On examination, X was X. X examination showed tenderness in the X and X. X test was positive in the X. X-rays of the X were negative for X or X.

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MRI of the X dated X showed X of the X with associated X into the X; moderate X; X of weightbearing X compartment; partial thickness X defects of X of median ridge of the X.

Treatment to date included X, X, and X with no change.

On X, a peer review was completed by X, MD. X opined that the request for X is not medically necessary. There were no subjective findings documented including X. The criteria were not fully met. As such, medical necessity had not been established. Therefore, the request for X is not medically necessary.

X, MD completed a peer review on X and opined that the appeal for X was not medically necessary. X reported X pain. The examination of the X revealed tenderness of the X. There was positive X test with pain. X had completed X(X) sessions; however, there was no documentation of adequate X treatment including X. As such, medical necessity had not been established. Therefore, the appeal request for X was not medically necessary.

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

The ODG recommends X when there are at least two pertinent subjective complaints, at least two pertinent subjective clinical findings, MRI imaging findings of a X, and the failure of X including X in addition to either X. The provided records document subjective findings of X pain and X, objective findings of X tenderness and positive X test, and MRI findings of a X. Documented treatment includes X, X, and X without symptom improvement greater than X years out from injury. Based on the provided documentation and ODG recommendation, the request for X is supported. As such, the requested service(s) is considered medically necessary.

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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
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual 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
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

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Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.