

**Core 400 LLC**  
**An Independent Review Organization**  
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***Patient Clinical History (Summary)***

X who was injured on X. While working as a X, X had taken an X. As X did so, X both heard and X. This was associated with the onset of X. The diagnosis was X.

On X, X had a follow-up evaluation with X, DO. Per the note, X had already noticed at least X improvement of X pain complaints following institution of X. X was doing X. X still had some X. As a result, Dr. X recommended a X at the time of X next visit to further document X. This was an excellent diagnostic tool as X did have some of the criteria for X. In the meantime, the plan was to continue X on X. X affect had improved. X was showing X. X was X, and X was X. X was negative for X.

On X, X returned to Dr. X and reported improvement of X pain following the institution of medications, X. X was using X. The pain score was X but was much improved from previous evaluations. On examination, there was marked pain X. The recommendation was for a X.

On X, MRI of the X demonstrated X.

Treatment to date included X on X; X, completed on X; medications (X); X. X had obtained and was using a X.

A utilization review on X indicated that the request for X was not medically necessary. X had X. As per the latest office note, X appeared to be responding well to X. There was no rationale for an X at the point, as X

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was responding favorably X. Furthermore, there was no documentation of a psychological or clinical condition that would necessitate the use of X. Overall, this request was not medically necessary.

On X, the appeal for X was not medically necessary. According to the reviewing physician, in this case, limited objective deficits were noted on examination to support the X. X appeared to have X pain. There was a request for X. However, there was no documentation of X. Hence, this request is not medically necessary.

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

This patient has a presumptive diagnosis of X, following an injury in X. The patient has undergone X. Although the provider does not specifically mention the X, it appears the patient's X. Only X of the pain is controlled with X. The patient has expressed "X" which is documented in the clinical notes. A X could formalize the diagnosis of X if the response is positive, while at the same time having some therapeutic or analgesic effects. Given the documentation available, the requested service(s) is considered medically necessary.

***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
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria

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- 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)

### **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

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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.