Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste 117-501 C4
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: manager@core400.com

Patient Clinical History (Summary)

X with a date of injury X. X was working around X and was trying to X. X was diagnosed with a X.

On X, X had a follow-up visit with X, DC. X presented with continued complaints of X. X had also been experiencing X since the accident. X described X pain as X. The pain interfered with X work, daily routine and recreational activities. X made X pain worse. The X pain had improved. Examination of the X revealed X. X was limited secondary to pain and X. X supported X reproduced X pain. Review of systems was positive for X. X testing was graded as X. A DWC form-73 was completed stating that X would be allowed to return to work as of X with the restrictions, which were expected to last through X. X was restricted from X. X was advised to work for maximum X per day with X.

On X, X was seen in consultation with X, MD for possible electrodiagnostic evaluation. X presented with persistent pain in the X. X had experienced X. X reported persistent X. The pain was exacerbated by most daily activities especially with the use of the X. The X examination showed X. There was a X.

A CT scan of X was unremarkable. A CT scan of X showed X. An MRI of the X was unremarkable. An MRI of the X dated X revealed X. The X measured approximately X. There was X. The X measured approximately X. An incidental note was made of a X.

Core 400 LLC

Notice of Independent Review Decision

Treatment to date consisted of X.

Per a utilization review adverse determination letter dated X, X, DC stated that the request for X was denied. It was determined that no exceptional factors were noted to warrant treatment beyond the previous X. The records did not demonstrate how significant functional improvement was expected following the requested treatment based on previous outcomes, mechanism of injury, and specific effects of the treatment, documenting measurable points of future benefit.

Per a utilization review reconsideration letter dated X by X, MD, the request was non-certified. Per evidence-based guidelines, the recommended number of X was X. It was noted X had X authorized X to date. There was no clear objective evidence of ongoing functional gain and a plateau had been reached. Exceptional factors were not present to support a need for more X. The prior non-certification was upheld.

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: X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has completed X. Current evidence based guidelines support up to X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient X and 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
- ☐ 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
- ☑ 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

Core 400 LLC

Notice of Independent Review Decision

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.