

Core 400 LLC
An Independent Review Organization
3616 Far West Boulevard, Suite B
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 had a X. X was diagnosed with X.

Per utilization review determination letter dated X by X, MD, the request for X was not certified. it was determined that upon review of the clinical findings presented, enough evidence which were significant enough to warrant the requested X was continued to

be limited. There was no mention that the requested X would be followed by X. The request remained unsupported as clinical documentation continued to be limited to provide additional objective information to warrant the need for the request.

On X, X had a follow-up visit with X, MD. X reported having continued X based on the hardened criteria. It was noted that X had received X prior to even coming. X had X all those measures and that was why X was requiring the next level of care. The X covered all the previous failures of treatment, surgical rehabilitative and medical, which led X to the referral for the intervention. The denial had led to X, which was complete contradiction to the Official Disability Guideline and the conventions of care for X. Furthermore, due to X pain, X, X required X not "X" that the doctor referred to. That was the convention of care to provide a still and stable surgical field. Given X, the standard of care.

On X, X had a X Evaluation by X, DC. The results of X evaluation revealed that X was unable to X. X demonstrated the ability to return to modified duties with the following restrictions. X required job physical demand level (PDL) was X pounds (Heavy) and the ongoing physical demand level was X pounds (Medium / Heavy). X had completed initial X days / X with significant success. It was recommended to continue for X to help X to continue cope with X ongoing X pain and given X further physical rehabilitative and vocational options. X continued with severe pain and with decreased function due to injury. X also continued consuming medications for pain control. During testing, X demonstrated a consistent performance and reproducible results comparing X physical assessment to X functional performance between the repeated activities of all the aspects of testing. X had some mild pain during the X, had some X, had some increased pain in the X, and increased pain in the X.

On X, X was seen by X, MD for the completion of X sessions of X program. X described X pain as X. The pain was rated as X. On examination, there were signs of X. form X was completed stating that X would allow to return to work as of X with the restrictions, which were expected to last through X. The restrictions were specifically applicable to the X, which included X.

An X of the X dated X showed X. Marked X. X had a history of recurrent X also would be of concern. Mild X could not be excluded. If there was clinical concern for X, a X or a X-labeled scan could be performed for further evaluation. X within the X, might suggest underlying X.

Treatment to date included medications (X), X.

Per utilization review determination letter dated X by X, MD, the request for X was denied. It was determined that there was no mention that the requested X would be followed by X. Clarification was needed regarding the request and how it might affect X clinical outcomes.

Per utilization review determination letter dated X by Dr. X, the request was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. Upon review of the clinical findings presented, enough evidence which are significant enough to warrant the requested X is still limited. There was still no mention that the requested X will be followed by X. The request remained unsupported as clinical documentation still was limited to provide additional objective information to warrant the need for the request.

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

Both reviewers stated that the absence of a plan of X. The provider has documented the patient's presenting symptoms which meet the X. The provider has provided the rationale for the X and clearly stated (clinical notes dated X and X) that a plan of X is planned. 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
- 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**

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.