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***Patient Clinical History (Summary)***

X who was injured on X. X was injured at work when X. X was diagnosed with X

On X, X was evaluated by X, MD for X. X reported that X were X effective for a X. X rated the pain at X. X examination revealed X. X was able to X without difficulty. X had X. The X. X reflex and X reflex were X. There was normal X. There was normal X. There were normal X.

An MRI of the X dated X showed generalized X, which was moderate causing mild-to-moderate X. There was X.

An electrodiagnostic study dated X showed no evidence of an active X.

The treatment to date consisted of an X (overall X improvement) and medications (X).

Per a Utilization Review Determination letter dated X by X, MD, the request for X was not medically necessary. Rationale: "The X is not medically necessary. There is insufficient evidence to suggest a X. The X is not medically necessary. The patient is not undergoing X and there is

insufficient support in the literature for X. The X is not medically necessary given the patient's XX and lack of comorbidities."

Per a Utilization Review Determination letter dated X by X, MD the request for the denial of X was upheld. Rationale: "Regarding the X the guidelines state that a X is recommended when there are significant subjective and objective findings confirming the presence of X as well as objective findings on imaging studies with ongoing symptoms despite conservative treatments. In this case, the patient reports X pain with occasional X with decreased X distribution despite conservative treatment modalities including X. Additionally, an MRI of the X did reveal a X that encroached on the X in the X. However, there is limited objective evidence of significant X level as the X and X were normal. In the absence of significant objective findings of X , the requested X is not medically supported at this time. Regarding X, the guideline states that X is recommended during X when such procedures have a risk of significant complications that can be detected and presented to the use of X. In this case, the patient was not recommended to undergo X , and therefore, the X is no longer medically supported. Regarding X , the guidelines state that routine laboratory workup studies or testing are not typically indicated without specific discussion regarding how the requested studies would affect X. Patients should present with significant comorbidities and risk factors to support laboratory studies. In this case, the patient was not recommended to X. Additionally, there was a lack of discussion regarding the necessity for the requested individual studies in the absence of documented medical history. Regarding X laboratory tests and X , the guidelines state that routine laboratory studies or testing are not typically indicated without specific discussion regarding how the requested studies would affect X. Patients should present with significant comorbidities and risk factors to support laboratory studies. In this case, the patient was not recommended to X. Additionally, there was a lack of discussion regarding the necessity for the requested individual studies in the absence of documented medical history. Regarding X, the guidelines state that X supports are not recommended for prevention of X pain but are

recommended as an option for X and specific treatment of X, documented X. In this case, the patient was not recommended to X. Regarding the X, the guidelines state that a X is recommended as an option in more X, including X. In this case, the patient was not recommended to X.”

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

The claimant had been followed for complaints of X pain. Despite conservative treatment, the claimant continued to describe pain in the X. However, in review of the current clinical findings, there was no clear evidence of an X affecting the X. The claimant had X and X in the X. No X was evident. Recent electrodiagnostic studies were negative for any evidence of an ongoing X. As the claimant’s physical exam and electrodiagnostic studies do not correlate with the provided imaging studies, it is this reviewer’s opinion that medical necessity is not established.

***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
- 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.