Core 400 LLC
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:
X
☑

Patient Clinical History (Summary)
X who was injured on X. The X.

An appeal letter was written by X, DO on X documenting that X complained of X. X pain symptoms were described as X. X did X. X symptoms were X. X had greater than X. X continued X. X had completed X. On X examination, X had a X. X had X. There was X. X test was X. X was X. X were X. There was a X. Based on X, X resubmitted for X. X was X. X had also X, which had included X. Given this information, Dr. X resubmitted the request for X.

Per an appeal letter dated X, Dr. X stated that X complained of X. X pain symptoms were described as a X. X did X. X symptoms were X. X had X. X was X. On X examination of the X, X had X. X had X. X had X. There was X. X test and X were X. X in the X. X was X. X were X. There was a X. Based on X history, X, Dr. X resubmitted the request for X. X had last completed a X. This procedure was approved under ODG guidelines and

was medically necessary. X had X. X had completed an X. Given all of this information, Dr. X resubmitted the request for X.

The treatment to date consisted of X.

Per a utilization review decision letter dated X, X, MD noncertified the request for X. Rationale: “Per guideline, it is not recommended X. A X. In this case, the patient had a X. X also had the X. A request for X was made; yet, although it was mentioned that X was not identified. Also, there was X. Thus, the current request is not supported.” “There is no X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

Per a notification of reconsideration adverse determination dated X, X, MD non-certified the request for X. Rationale: “Per evidence-based guidelines, X. X last X was on X which X. A request appeal X was made. Although it was mentioned that X was still not identified. Also, there was still X.” “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It was mentioned that X was still not identified. Also, there was still X.”

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

This patient has a X. A request for a X was denied in two separate reviews on the grounds that documentation of X. After review of the medical records, there is a X. There is also a detailed office visit in the patient’s record dated X, which outlines the rationale for the X. 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.