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An Independent Review Organization
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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 with date of injury X. X was X and X. X a X. X took X. X had X. The X. X was diagnosed X.

X consulted X, MD on X for X. X was able to X. It was X. The pain was X. It felt X. X treatment included X. The medications included X. The pain was X. It X. Examination showed X. On X returned to DR. X for complaints of X. X was X. X pain was X. It was X. The pain at X. The pain was X. X the X. The X was denied. Examination showed X. X was seen by DR. X on X for complaints X. X had been denied. There were no changes noted in the review of systems since the most recent visit. Examination showed no significant changes in the X since the prior office visit.

X underwent a X by X on X. X demonstrated the X. X demonstrated the X. X was able to X. X to X. X and X. X demonstrated X. X demonstrated the X. X and X. The X that X was to X.

Treatment to date included medications X.

Per an X dated X by X, the request for X was not medically necessary or appropriate. The rationale was as follows: "It is documented that X. A medical document dated X. It was documented that past treatment did X. This X. Objectively, there was documentation of X. There was documentation of X. There was documentation of a X. A medical document X. X as X. There was X. The rationale also included as follows: "It is documented that on X. A medical document dated X. Objectively, there was documentation of X. There was documentation of a X. The above-noted reference does not support routine diagnostic testing in the form of a X. The submitted clinical documentation does not provide specifics to X. At the present time, medical necessity for a X is not established. The above-noted reference would not support a medical necessity for this specific request as submitted. Recommend noncertification."

Per an Adverse Determination Letter dated X for appeal for the requested X, it was determined that the request still did not meet the medical necessity guidelines. The rationale was as follows: "Regarding the request for a X. It did state that a X is not considered routine for diagnostic purposes. The documentation provided detailed that the patient had X. Additionally, the X examination findings were X. There are no X. As such, the request for X is non-certified."

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 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 Official Disability Guidelines note that a X has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most X. Guidelines state that X are recommended for X use is not recommended. This patient

was X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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)