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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 who sustained an injury on X. The diagnoses included X.

X was seen by X, RN / X, MD on X. X was a X. X stated X. X also stated that the X. X exhibited -X. X was noted X. X and X.

A X evaluation was performed by X, X Today on X for X. X patterns of X. X gave X. On examination, X. X opined that X. X would X. X was X. Those X.

An MRI of the X showed X and X. X-rays of the X.

Treatment to date included X.

The claimant underwent X.

Per a Notification of Adverse Determination by X, MD dated X, the request for X 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 was noncertified. There was no documentation that the patient had a X. Guidelines stated that based on the X, further evaluation by a X. All X by a X may be indicated. All X information X be clearly documented prior to any further treatment planning. Furthermore, there was X.”

Per a Notification of Reconsideration Adverse Determination by X the request for X 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 was noncertified. Per evidence-based guidelines, X. Guidelines recommend X. Per the report dated X. X was able to X. X reported X. X include X. X was currently X. X would X. Per the report dated X, the patient’s X. X, but not reported on if the information was benign. Per the most recent visit dated X presented with X. An appeal request for X was made. However, objective evidence that the patient had a X. Guidelines stated that based on the X. All X by a X may be indicated. All X information should be clearly documented prior to any further X. There were X submitted to overturn the previous denial of the request.”

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

The ODG supports up to X. X is X. The documentation provided X. The injured worker is X. There is a X. While there are X there is no indication that X. As such, the requested X is recommended for noncertification. Given the documentation available, the requested service(s) is considered not 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)