

# Core 400 LLC

An Independent Review Organization  
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## *Notice of Independent Review Decision*

### *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 is X with date of injury X. X injured X during X. X was X. The X and the X caused X. X reported X. X was diagnosed with X. Other diagnoses were X.

X evaluated X on X. X complained of X. X was X. The symptoms X and were X. X described the X as X. X indicated that X. The symptoms were X. Activity level was X. The symptoms were X. X and X. X had X which was X. The X appeared X. The pain was X. X appeared on X. The pain X. X described the symptoms as X. X was X. X stated X. X were X. The symptoms were X. X had X. X was X. On examination, X had X. X complained of X. X had X.

X presented to X, MD on X for X. X was X in X. X had X. There was X. X examination revealed X. There was X. X had X. X had X. X was X. X had. X revealed X. X was X. X was X. X had X. X had X. X was X.

On X, X, MD evaluated X for X. X was treated for X. The pain was located in X. X were X. The severity of symptoms X. X reported X. X and X continued X. On examination of X, there was X. X was X. X was X. X examination revealed X. X had X. X had X. X had X. X had X. X had X. X had X. X had X. X had X. X was X.

Treatment to date consisted of X.

Per a utilization review dated X, the request for an MRI of X was noncertified. Rationale: "Peer to peer was established. The ODG supports MRI of the X. The documentation provided indicates that the X complains of X. A physical exam documented X. The provider has recommended a X MRI. During the peer-to-peer process with X on X, the provider indicated that there has been a X of X despite several X. The provider indicated there is X. The provider stated that there is evidence of X. The provider did not fax additional documentation. Based on the documentation provided, the requested X MRI would not be supported as there are no physical examination findings consistent with X. As such, the request of X MRI is non-certified."

Per a utilization review dated X, X, DC non-certified the request of MRI of X. Rationale: "Peer to peer was established. The ODG supports MRI of X when there are X. The documentation provided indicates that X complains of X. A physical exam documented X.

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X were X. The provider has recommended X. During the peer-to-peer process with X on X, the provider indicated that there has been a X of X and X. The provider indicated there is X. The provider stated that there is evidence of X. The provider did not fax additional documentation. Based on the documentation provided, the requested X MRI would not be supported as there are no physical examination findings consistent with X. As such, the request of X MRI is non-certified.”

Per a letter dated X, X documented that X had been X for X. X was involved in X when X was X when X. X had previously done X; however, had been X. However since that time, X had been X. Dr. X opined that X had sustained X as a result of X.

### ***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 MRI X is recommended as medically necessary, and the previous denials are overturned. Since there has been a failure of X and there is ongoing X, and the provider stated that there is evidence of X, the X is 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)