

Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste 117-501 C4
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: manager@core400.com

Patient Clinical History (Summary)

X who was diagnosed with a X. On X, X.

On X, X was evaluated by X, MD for a follow-up of X. X was X. Examination showed X. There was X. The X was X. The plan was to continue X. The X was indicated of medical necessity and standard of care for X. X was X. X was seen by Dr. X on X. X was X. X was doing quite well and had no new complaints. The X examination showed X. X had X. There was X. The X was X. The assessment was X. The plan was to continue to X.

X-rays of the X on X showed X. An MRI of the X dated X identified X.

Treatment to date consisted of X.

Per a Physician Advisor Report by X, MD dated X, the request for X was noncertified. Rationale: "The submitted clinical documentation does not identify the presence of a concern about the instability of the affected X. Consequently, based upon the medical documentation available for review, medical necessity for an X is not established. It would appear that definite treatment was provided to the affected X. Consequently, based upon the medical documentation presently available for review, medical necessity for an X was not established, and therefore, the request is non-certified."

Per a Physician Advisor Report by X, DO on X, the request for X was noncertified. Rationale: “The previous request for the X was denied as the submitted documentation did not identify the presence of concern about the instability of the affected X. Per the documentation provided, the patient had been utilizing a X. It was stated that the patient continued to X. It is not clear in the documentation provided, why the patient requires an X. There is no evidence that the previously mentioned X is not appropriate for the patient. There is no evidence that the previous X has been X. There is no indication that the patient has X. As such, there is no clear indication for the requested X. Therefore, the request for X is non-certified.”

Per a Physician Advisor Report by Dr. X dated X, the request for X was non-certified. Conclusion: “The Official Disability Guidelines states that X. The patient had a X. It was stated that the patient had a X that X could X. Per a physical therapy note, the patient was noted to have X. The X exam findings of the X noted X. The patient is reported to already have a X. There is no documentation indicating that the X has been X. There is no evidence that the current X is not appropriate for the patient. While the guidelines recommend X. There is no documentation of X. As the patient already has a X, the treatment cannot be recommended. As such, the X is non-certified.”

In a letter dated X, Dr. X documented that X was doing X. As part of the X, X needed an X. This X was indicated, of medical necessity, and of standard of care. To deny this X would be essentially to deny standard of care treatment to X. Further, if X did not receive a X, X chance of X-, and generate more medical care dollars to take care of X.

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

The ODG does not support X following a X. In consideration of the review documentation provided, the injured worker underwent an X. On the most recent examination, there was X. The request was previously

denied as there is X. There were X. In consideration of the ODG and available information, an X is 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)

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.