

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 injured on X at work. X was working around X. X was diagnosed with X.

On X, X was seen by X, DPM for a X follow-up. Examination was significant for severe pain on X. There was X noted to the X. X was X secondary to pain.

An MRI of the X dated X showed X. X. X versus X. No X. X-rays of the X showed X.

Treatment to date included medications X.

Per an adverse determination letter on X by X, MD, the request for X was noncertified. Rationale: "Discussed case with provider in peer-to-peer conversation, MRI dated X demonstrates X. With X or X. Provider confirms in X since injury which is the reason for the request. X is concerned the X. The Official Disability Guidelines recommended X. Since neither of these conditions exist, the request is not medically necessary. Since the procedure is noncertified, the X are also noncertified. 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 an adverse determination letter dated X by X, MD, the reconsideration request for X was noncertified. Rationale: "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 evidence-based guidelines, X is recommended as an option for X. X is also used in X. In this case, the patient presented with X and noted pain to X. MRI of the X by X, MD on X showed a X. X does not X. There was a X. There was X versus X. No X. A request for X was made; however, per the medical report presented, there were X as well as X to indicate significant X to fully support the current requested procedure. Although it was noted that there was pain on X. As the medical necessity of the requested X was not established, the request for X is also thereby not supported.”

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

The ODG recommends X. The provided documentation indicates the injured worker sustained a X. Per a follow-up report from X. The physical examination demonstrated severe pain on X. The provider indicates x-rays from X did not reveal any evidence of X. Given that there was no evidence of X is medically necessary. The use of X is required for all X. The ODG supports the use of X. As the X will require X is necessary. Based on the available information the request is medically necessary, therefore, the recommendation is for overturning the previous denials.

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.