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. The mechanism of injury was described as X. The diagnosis was X.

On X, X was seen for a follow-up by X, MD related to X. X had X. X pain was X. X had participated in X. X could not X. X detailed that with medication, X pain was rated a X, and without medication, it was X. Upon physical examination, X had X. There was also noted X. The recommendation was made for X to X. There was a CT scan available for review dated X. There was X.

A CT of the X dated X revealed X. There was X. There was X. The X. There was X. The X.

Treatment to date included medications X.

On X, the request for X was denied. Rationale: “The Official Disability Guideline recommends X. The guideline does not recommend X. The clinical presentation to be X. There should be no evidence of X. The guideline recommends X. There should be evidence of a X. In this case, the patient complained of X. The pain was described as X. Upon X examination, there was X. The X was X. The X was X to the X. The patient was status X. The patient was X. However, the guideline does not recommend this procedure for patients with evidence of X, X, or X. The patient previously had a X. There is no documentation that the patient X. There is no documentation of a X. There is no documentation of a plan of

X. There is no indication to go outside of the guideline recommendation. As such, the request for X is non-certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination."

On X, an HCN appeal request for X was denied. Rationale: "The previous request for X was non-certified as the reviewer indicated that documentation lacks appropriate findings According to the Official Disability Guidelines, X are recommended prior to X for patients with X. There should be no evidence of X, and the X are limited to X. Within the submitted documentation, it was noted the patient was seen continue to complain of X. The documentation also detailed the request was made for X which is not recommended. Given the above the requested X is not medically necessary Therefore, the request for X is non-certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to peer conversation does not result in an automatic adverse determination."

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

There were two prior reviews denied the request for the X. Specifically, the patient had symptoms of X. There was no history of recent X was requested. These issues could not be addressed in a peer-to-peer discussion. The ODG guidelines for this procedure were therefore not met. There are no factors that would indicate going outside the guidelines. 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)

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.