

**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: [@core400.com](mailto:@core400.com)**

### ***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 a X with date of X. The mechanism of X was X. X was diagnosed with X.

Per a letter X by X on behalf of X, MD, X requested an X to an adverse determination for X of the X, which was not certified by the reviewing physician as medically necessary or appropriate. The records indicated that X suffered a X and the mechanism of X. X reported X. X had X. X had completed X with no improvement. X medications included X as needed. The records indicated the X of the X. The X dated X had shown X. On physical examination, X had X. The range of X. The X and X were noted, which was X. X had X. On X had recommended a X, which was denied indicating the X had been X to service as the bases of X and there was no clear rationale as to why a repeat X was necessary. Therefore, X had recommended a repeat X to confirm the evidence of X and to support the need for X intervention.

X was seen by X, MD on X for the X. The X was described as X. The pain was rated X and affected X and the X. The X occurred status post X. The pain was constant. X had completed X and had X. X presented with an MRI of X. X was taking X. The pain radiated to X. X without the assistance of X. The MRI of the X had revealed X. Examination revealed a X. X appeared X. There was X to X. The X was restricted and was approximately X. The X on the X was positive and X. The X was graded at X. The sensation to X decreased at the X. Per X, was nonresponsive to X. X would benefit from a X.

An X and X study of the X dated X demonstrated X. The study was normal with no evidence of X. An MRI of the X revealed the following findings: X. At the X, there was a X. An x-ray of the X showed no X.

Treatment to date included X

An Adverse Determination Letter was documented on X. It was determined that the request X was not medically necessary or appropriate. X was as follows: "The histories are insufficient to allow for correlation with the imaging studies such that it is not clear that the patient is symptomatic from the X imaging abnormality at the X. The histories are inconsistent and insufficiently detailed. The histories do not document pain in a X on X to support the diagnosis X of the need for X. In some of the histories X the patient has X pain. Further detail regarding these complaints should be documented. In X role, the patient had X. That history does not support a diagnosis of an X or the need for X. There is no mention of the distribution / location / X pain, X pain, etc. The exam in the X note is insufficient to support the requested surgery. There is no X exam on the X note. Given the complaints of X should be documented. The coding is incorrect. The X. As X, this study is too old to serve as the basis for surgery. X saw the patient on X. X said X "had missed a X." There is no documentation as to the results of a X. The X is not medically necessary. There is no X, etc. documented to support the need for a X. Recommend non-certification."

A utilization review denial determination letter of an appeal was documented on X. It was determined that the request for X without X still did not meet the medical necessity guidelines. X was as follows "There is no history of a X like daily pain in a X to support the need for the requesting X. There is no detail as to the frequency of the X pain, the X pain, the location or the pattern of X pain. There is no description of the distribution of the X. In speaking with X, X said X could not provide any additional clinical information. Also, the histories provided are not consistent. X saw the patient on X with X. The pain is X. X also had X. There is no mention of X. There was no objective evidence on exam of a X. On the most recent exam, no X. This is essential to provide. There is no documentation of a specific red flag on physical examination to support a medical necessity for this specific request as submitted. The patient had a X in X and there is no clear X as to why a repeat X is necessary. Consequently, at the present time, medical necessity for a repeat X MRI without contrast is not established. Recommend non-certification." The request was previously noncertified as the reviewer indicated that there was no documentation provided of a specific red flag on physical examination to presently, support a medical necessity for this specific request as submitted.

***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 X is not recommended as medically necessary, and the previous denials are upheld. An Adverse Determination Letter was documented on X. It was determined that the request for X. The request was previously noncertified as the reviewer indicated that there was no documentation provided of a specific red flag on physical examination to presently, support a medical necessity for this specific request as submitted. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no recent X submitted for review. There are no motor findings documented on the most recent physical examination submitted for review. The submitted clinical records fail to document a significant change in clinical presentation to support updated imaging. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

***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)