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**An Independent Review Organization**  
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***Patient Clinical History (Summary)***

X who was injured on X. X was required to X. X noted the X. As X the X. X noted that there was a X.

On X, X, BS, DC evaluated X for a Designated Doctor Examination to determine maximum medical improvement and to provide impairment rating, if applicable and related to the X. X would reach statutory maximum medical improvement (MMI) on X. Dr. X concluded that review of the ODG Guidelines did not recommend X. However, the procedure was medically necessary at that time as a diagnostic tool to determine if X would be beneficial for X to assist with X recovery.

X, DO evaluated X on X for a chief complaint of X. The quality of pain was X. The pain was rated X. X stated since X previous visit, X had an increase in pain over X. X localized X pain over the X. X stated X of X pain was in X. X characterized X. X noted X pain came and went. X pain was exacerbated with X. X reported X came and went X. X stated X occurred when X pain increased. X noted having X. X reported X and had been present since X following a separate work injury. X had X for this issue to date and was not in X. Examination revealed X. X had pain with X. Pain was worse with X. X was X.

An MRI of the X dated X revealed X. At X, there was moderate X. There was X.

The treatment to date consisted of X.

Per a Peer Review Report dated X, a request of X was not medically necessary. Rationale: "In this case, the claimant presented with complaints of X. The physical examination revealed X. However, X are not recommended for X." In this case, the claimant has subjective complaints and X. As such, the medical necessity has not been established. Therefore, the X is not medically necessary."

On X, a utilization review letter indicated that the specific request for X was not medically certified by the physician advisor.

Per a utilization review letter dated X, the appeal request for X was not medically necessary.

A Peer Review Report dated X, X, MD non-certified the requested appeal for X. Rationale: "ODG X (updated X) indicates that X are recommended, but no more than one set of diagnostic X as an option for treatment. Limited to patients with X pain that is X and at X. There was a previous adverse determination dated X, whereby the previous reviewer non-certified the request for X. In this case, the patient is a X individual who sustained an injury on X. According to the History and Physical dated X, the patient complained of having a X. The pain was described as X. The pain was rated X out of X. According to the document provided, the patient has X. There is also an indication of X. This follows the X. The current documentation indicates X. There are no exceptional factors noted by which to consider the requested treatment. Therefore, the requested appeal for X is not medically necessary."

***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 recommended as medically necessary, and the previous denials are overturned. Designated doctor evaluation dated X indicates that X are medically necessary at this time as a diagnostic tool to determine if X would be beneficial for this claimant to assist with X recovery. The patient has not reached maximum medical improvement as there remains a treatment avenue that is anticipated to cause a further lasting material medical recovery. The claimant should at least be made

available a X. The patient's X were treated with a X. The patient now reports that X. ON physical examination pain is worse with X. There is pain with X. The patient's physical examination fails to establish the presence of X. X previous X improved after undergoing a X. Given the additional clinical data, the request would be considered 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
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- 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.