

Core 400 LLC
An Independent Review Organization
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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 is a X who was injured on X. X was injured when X.

On X, X, MD evaluated X for chief complaints of X. X reported that X. Since X. X also had X. X had X. X had X. X reported X. X had X, but X stated that those X. The pain usually was X in X. X had X. On examination, X had decrease in X. X was X. Given the X, Dr. X would obtain an MRA of the X. Also, an MRI of X to rule out any X was to be obtained. An X was recommended for evaluation of X, specifically X.

On X, Dr. X evaluated X for chief complaints of X. X reported that X. Since the X, X had experienced pain in the X. X also had X. X reported having X. X was prescribed X. X reported it helped somewhat. X continued to report having X. X was having X. The pain usually was X. X also reported that X had episodes. X had X. X reported that X had continued to have X. The

pain was there X. The X were different than X “X for which X would have X. The pain usually was X. X had episodes of X. Examination was X. Dr. recommended obtaining an MRI of X to rule out any X. An X was recommended for evaluation of X.

X-rays of the X dated X revealed X. An MRI of the X dated X showed X. There was X. There was X. A CT scan of X dated X revealed X CT of X. There was X.

Treatment to date included X.

Per a peer review report dated X, X, MD opined that the request for X was not medically necessary. Rationale: “While ODG X. In this case, a clear rationale for the X in question was not furnished. It is unclear what was sought and what was suspected. Also, it is unclear how the X in question would influence or alter the treatment plan and why X was ordered without first ascertaining the results of recently ordered X MRI imaging.

Furthermore, it is unclear whether the diagnosis of X had or had not been definitely established. As such the X of the request is not indicated. In addition, the ODG 2019’s X. In this case, the AP did not state what (if any) aspects of the claimant’s presentation were suggestive of an X.

Furthermore, the X component of the request is likewise not indicated and since both the X of the request are not indicated, the entire request is not indicated. Therefore, X is not medically necessary.

A utilization review dated X, a request for X was medically not certified by physician advisor.

Per a peer review report dated X, X, MD opined that the request for MRA X, MRA X, and MRI X was not medically necessary. Rationale: “In this case, the claimant presented for X. The claimant has episodes of X. The physical examination revealed X However, there are no significant X on examination. There is no evidence to support the need for X. As such,

medical necessity has not been established. Therefore, the request for X is not medically necessary.”

Per a utilization review dated X, the request for X was not medically certified per physician advisor.

Per a peer review dated X, X. MD opined that an appeal for X was not medically necessary. Rationale: “Per Official Disability Guidelines, “X: Requires the identification of X.X: X is important, as X are occurring. X develop within the X” In this case, there was no evidence in the records provided that the claimant may have X. The patient reported X, but the examination was X. The medical necessity for X is not established and is not certified. Dr. X also opined that appeal for X was not certified. Rationale: “Per Official Disability Guidelines, “Recommended as indicated below. Indications for X: - X injury, rule out X. – X injury, X intact. –X is suspected, for X.” The Official Disability Guidelines does not specifically address the request for X. Per case literature, “X , a major cause of death and disability in the developed world, is usually caused by X. X trials have demonstrated that X.” Per Official Disability Guidelines, “Indications for imaging -- Magnetic resonance imaging (MRI): -Suspect X - X- Suspect X- X , findings suggest X injury – X trauma, with or without localizing signs [CT preferred] – X trauma, X [MRI and CT complementary] – X pain, radiographs normal or X-X” In this case, the X MRA is typically done for work-up of X. Neither one of these conditions is the case for the claimant. Therefore, the tests are not medically necessary. The MRI of the X is not medically necessary because there is no evidence that the claimant might have X. Therefore, the request is not certified.

On X, a utilization review indicated that appeal X was not medically certified by physician advisor.

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

Per AANEM guidelines: “X testing is used to evaluate the X. X testing is performed as part of an X evaluation for diagnosis or as follow-up of an existing condition.

The claimant has X. The requested X is medically necessary.X, are medically necessary.

There are no clinical signs or symptoms to indicate 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.