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

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 who was X when X. X was diagnosed with X.

On X was seen by X, MD for X. X reported X had been denied, although they were providing X. X reported about X with X and was X and X. X continued to X, but X. X also reported X. The examination findings were X. The assessment included X.

An MRI of the X showed X. There was X. There was X.

Treatment to date included X.

Per a Letter of Adverse Determination dated X, MD, the request for X was non-certified. The rationale was as follows: X. Under consideration is a

prospective request for X. A phone call to the office of X, M.D., at X was attempted on X to discuss the requested X. The provider was out of the office; therefore, X. The X, but there was no answer. A voicemail was left which included relevant contact information and schedule. No return phone call was received prior to the completion of this review. Review of the submitted records indicates X was being treated for X. The pain was X. The claimant presented with X. The pain was X. In a chart note on X by X, MD, the provider documented X. The claimant was diagnosed with X. Regarding the request for an X, the Official Disability Guidelines state that it is conditionally recommended. X must be X within the clinical findings and diagnostic imaging. Prior X should have been X. X can be performed X. An X is not recommended X. A X should not be performed. The provider should X. Subsequent X must provide at X. The provider should not X. An X is not recommended as a X. The worker should be involved in some X. Proceeding with an X is not indicated at this time. Although the provider X in the X, the medical records did not include evidence of X. The guidelines do not X. However, the provider requested to perform an X. Therefore, an X is not reasonable and X with current guideline recommendations. Based on this discussion, the request for X is non-certified."

Per a Letter of Adverse Determination dated X, MD, the request for X between X was non-certified. The rationale was as follows: "The claimant is a X. The provider has submitted a prospective request for X. This is an appeal to review X, which was non-certified by Dr. X.
On X, I called X for the office of Dr. X. I reached X and the X. On X for the office of Dr. X. I reached X, who stated the provider was not available; therefore, a message was left with return call details. No return call was received prior to the completion of this review. Review X was non-certified on X, MD. The rationale given was that although the provider observed X, the medical records did not include evidence of X. The guidelines were stated to X. However, the provider requested to X. The claimant was being treated for pain in the X. Diagnoses included X. Prior treatments included X. The records indicate that as of X, the claimant was X. The X revealed

X, other spaces X. The MRI of the X revealed X. On X, Dr. X saw the claimant for a follow-up visit. The claimant reported X. The pain was X. The provider documented X and X. On X, Dr. X submitted a letter of medical necessity for X, which the provider noted had provided X. The claimant also had X. On X, Dr. X submitted a letter of appeal for denial of the X and attached the non-certification letter for the request for unknown X. X new medical documentation was submitted for review. The provider has requested X. The provider is appealing the previous determination at this time. The Official Disability Guidelines were cited regarding X. The guidelines state that X are recommended on a case-by-case basis as a X. X should be well documented, with X findings, and corroborated by imaging studies. X should have been X. X can be performed using X. An X is not recommended X and X. A X should not be performed. The provider should X. Based on the medical records and guideline recommendations, the request for a X is not warranted. The provider did not submit new medical information for review. The claimant had reported X. The provider documented X. However, as Dr. X noted in review X, the medical records did not include X. The requested X is not medically necessary or compliant with guideline criteria. Therefore, the request for X is non-certified."

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. X, not including X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that although the provider X, the medical records did not include evidence of X. The guidelines do not X. However, the provider requested to perform an X. Therefore, an X is X with current guideline recommendations. The denial was upheld on appeal noting that X. Based on the medical records and guideline recommendations, the request for a X is not warranted. The provider did not submit new medical information for review. The claimant had reported X. The provider documented X. However, as Dr. X noted in review X, the medical records did not include X. The requested X is not medically necessary or compliant with guideline criteria. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that X is not recommended X. Additionally, the patient's X. There is no updated imaging submitted for review. The MRI provided is X. 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)