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An Independent Review Organization
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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. X was X. The diagnosis was X.

According to the X dated X.

Per Consultation by X, MD dated X was X. X and X. X was X. X had a X. X had a X. Per X had X. X would X. On X stated X had X. X presented with a X. X had X. Although X in X would X. X had X.

The treatment to date included X. X from X.

On X, a utilization review denied the request for X was non-certified.

Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The records submitted were X and there was X. X is X.

Per utilization review dated X, the X was non-certified. Rationale: “After careful review of all available information, our X has determined that the X does not meet medical necessity guidelines. The X for the determination for non-certification is as follows: The X is X with our clinical review criteria. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was X. There was also X. There was X.

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 is not recommended as medically necessary, and the previous denials are upheld. The patient’s date of injury is X. The X. The submitted clinical records indicate that the X. There is X. The patient presents with X. The patient’s X. Additionally, the submitted clinical records indicate that the patient 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
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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)