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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 injured on X. X was X and had X. The diagnoses were X and X.

An MRI of the X revealed X and X. There is X. An MRI of the X dated X revealed X and X. Otherwise X.

X dated X identified X. This X was X.

On X, MD performed a X. X and X were X.

An MRI X with and X. The study identified a X. X with X. There was also X. X related to X.

A visit note dated X by X, MD, noted X. X was initially evaluated after X. X was X. X reported X. X reported X. X has been X. X reported X. There was X and X and X. X also X. The current medications included X. The X noted X. There was a X. There was X to X. There was X. The X and X were noted to be X. The X was X. There was X of the X. There was X. There was X and X. The X was X and X. There was a X at the X. The X was X. Undated x-rays were X. The plan was to X.

Treatment to date consisted of X and X.

A peer review dated X by X, MD, indicated that an X of the X was not certified due to X. The request for X was not certified due to documentation not X.

A peer review dated X by X MD indicated that the request for X was not certified. Regarding X, Dr. X opined: "In this case, the patient has X. X is status X. X reports X. There is X. The current X notes a X. There is a X, which could be X. There is no X provided for review. Given the above, it is too early to consider that the X may have been a X and X is X. Therefore, this request is not certified. Regarding the request for X, Dr. X opined: "In this case, the patient has X. X is status X. X reports X. There is X. The current examination notes a X. There is a X, which could be X. The patient has already had X are not clear on issues that X would address X. Therefore, this request is not certified."

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

The ODG recommends X in patients with X. The ODG recommends X. The provided documentation indicates the injured worker was diagnosed with X. The injured worker has X. There is a X on the X. While it has only been a X, given the X. X is appropriate to assess the current X. As such, X is supported. There are no documented X. Recommendation is to X the prior denials with certification of X as medical necessity has been established.

The ODG recommends X. The provided documentation indicates the injured worker X. They have completed X. Given the X documented benefit with the X. there are X to support deviation from the guideline

recommendation. As such, recommendation is to uphold the prior denials for X as medical necessity has not been established.

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)