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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 with a date of injury X. The biomechanics of the injury was not available in the medical record. X was diagnosed with X.

X was seen by X, MD on X. X had X. The pain was X. It was described as X. The X was X and X. It was made X. There were X. It was X. X was X. There was X. X or X were noted. X was X. X were X. X in the X. On examination of the X.

An MRI of the X revealed X and X. X of the X was noted. At X, there was X. There was a X. X of the X was X. X were noted at X. At X, there was X.

Treatment to date included X.

Per an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: “Based upon the medical documentation presently available for review, Official Disability Guidelines would not support medical necessity for this specific request as submitted. The submitted clinical documentation does not provide X to support medical necessity for this specific request as submitted. Additionally, there is no documentation to indicate whether there has been a previous attempt at treatment in the form of X. Specifics are not provided to indicate what type of X has previously been provided in the recent past. The date of injury is X. Consequently, based upon the medical documentation presently available for review, medical necessity for this specific request as submitted is not established. Attempts at conducting a PEER to PEER review were not successful.”

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Per Official Disability Guidelines (ODG) X must be well documented, along with X. X must be X. A request for the procedure in a patient with X requires additional documentation of X. In this case, there is no documented evidence of X. On peer-to-peer, Dr. Doctor confirmed that the X. X, as discussed on peer-to-peer. Following the discussion of X said X. X is not shown to be medically necessary. The requested X previous denial is upheld.”

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 not recommended as medically necessary, and the previous denials are upheld. Per an Adverse Determination letter dated X, the request for X was denied by X MD. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no significant X documented on MRI. The patient’s 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)