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An Independent Review Organization
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Notice of Independent Review Decision

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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X who was injured on X. X was X while X. X was X. The diagnoses were X.

X consulted X, MD on X for complaints of X. X reported having X. X was still getting X. The X was X and X. X did X. X stated at about X was X. X reported having X. The X from the X. X stated the area of X. X had been having X. The X was X and X. X at X with X. X and X would X. X had X when X at a X like when X. X did X with X. X was X. X complaints included X. A X showed X at X with X and X. X stated X symptoms were the same as the prior visit. Examination of the X revealed X. X was noted to be X on

the X. There was X. X were noted to be X. X was noted to be X during X. Per Dr. X, the X had X for X. The X was denied. Therefore, a X was recommended. That was a different approach as a different X would be used for hopefully X. X needed this procedure as X had X. X had X and X. X mostly had X.

X was seen by X, MD on X for a X. X reported having X. X was out of X. When X, X got X. The X was X and X. X did lot of X. X stated at about X was X. X reported having X. The X from the X. X struggled with X. X stated the area of X was X. X had been having X with X in the X and X. The X was no longer X and occurred X. X at X with X. X and X would X the X. X had X when X at a X like when X. X did X with X. X was X. X complaints included X. A X showed X. X stated having X. X had X and could not even X. It had been approximately X since X prior visit. X stated X symptoms were X. Examination of the X revealed X. X was noted to be X on the X. There was X to X on the X in the X and X. X were noted to be X in the X and X. X was noted to be "X" during X. Per Dr. X, the X had X for X. The X was denied. Therefore, a X was recommended. That was a different approach as a different X would be used for hopefully X. X needed this procedure as X had a X. X had X and X. X mostly had X and X.

A X dated X was X and X for X. X was "(X)" and the interpretation was X. A X of the X dated X showed X. X were X at the X as well as X to X. X to X was X at X and on the X at X. X was X along the X of each X, which may be X in nature.

Treatment to date included X.

A Request for Procedure Approval was documented on X indicating X had X and X and X. X was added to the X. The procedure X for X. X still had X. X was wanting to consider X and may be a candidate. A X was recommended under X.

Per a Peer Review report dated X by X, MD, the request for X was not medically necessary. The rationale was as follows: “the claimant is a X, who was performing X. X underwent a X, which reflected X. The claimant reports X that X and reports that X. The claimant previously underwent an X, which X the patient X for X with X. The medical treatment guidelines support X in individuals with X, who have obtained X and X with X. Noting that the claimant obtained only a X following X with X of X, the request is not meet guideline criteria and is not supported. Therefore, the request is not medically necessary.”

A letter dated X indicated that after peer review of the medical information presented and / or discussion with a contracted physician advisor and the medical provider, it had been determined that the request for X did not meet the established standards of medical necessity.

A Denial Appeal note by Dr. X was documented on X indicating X had X and X and X. X was added to the X. The procedure X helped X for X. X still had X. X was wanting to consider X and may be a candidate. A X was recommended X.

Per an Appeal Peer Review report dated X by X, MD, the request for X was not medically necessary. The rationale was as follows: “the claimant does X from X. It does seem that X is still undergoing X. X did notated appeal letter, which did show that the claimant received X that proved to have X for X. Unfortunately, this is not clinically significant in terms of efficacy to approve further X at this time. We would like to see is X in X for X. Therefore, the request for appeal X is not medically necessary.”

A letter dated X indicated the second physician had upheld the original non-certification of the request 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 is not recommended as medically necessary and the previous denials are

upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has been placed at X. Additionally, the patient had an inadequate response to prior X to support a repeat procedure. The patient reported X following prior 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)

