

Core 400 LLC
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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

On X was X. The X with X. The X was X and the X. Once the X. The diagnosis is X.

On X was evaluated by X, for X. X stated X and X. X noted a X and X. The X was X. There was X of the X. An X showed X and X. There was X. X was noted. There was X and X. X was noted with X. The X was X at the X. X was seen. X and X was noted. There was X. X with X of the X was noted with X. There was X with X. There was X and X and X. There were X and X. There was X and X. Per the X had a X. X had X. X had been denied. X presented with continued X. X and X were X compared to X. X had X. This X. X had X to the X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X was denied by X, MD. X: "Carrier respectfully denies that the event of X and X and X.

Per a utilization review adverse determination letter dated X and a peer review dated X the appeal request for X was denied by X, MD. Rationale: X for the X is not medically necessary. The claimant presented to the. X noted X to the X and X, and X. Per ODG, X is not recommended for X. There X will provide X. Therefore, X for the X is not medically necessary."

In a letter dated X requested an IRO, as X did not feel that the request for the X should have been denied and that the appeal 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 X is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines note that X are not recommended for treatment of the X. When treatment X should be noted. There are no X. Therefore, medical necessity is not established in accordance with current evidence based guidelines for the request.

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)