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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 when X was involved in an X. X was in the X and X. X sustained a X. The diagnoses were X, X and X, X and X, X.

According to the Office Visit by X, MD dated X, X was being seen for evaluation of X. X were X, X, and X. Due to X injuries, X had been X. X reported that X had experienced some X, a significant X, X, and pain at the X. In addition, X stated that X was X in X and X had been experiencing X, X, and X when X. X was seen during this visit for X of X and X of

possible X. X included X, X, X, and X. X included X, X, X, X, and X and X. X was X, X, or X. Review of systems of the X and X. On X, there was recent X use and X. X showed X was X. X was X. X was X, X, and X, and X. X was in X. On the X, there was a X, which was X. X was status post X. In-office X a X. On the X and X, the X were X. X, X had a X and a X. There was no documentation of a X for the X, X, or X in this report. The assessment was X; X at the X; X; and X at the X. Per plan, the provider recommended for X to X of the X and X and X as well as an X for further evaluation of the source of X symptoms at the earliest convenience. X was also given instructions to call or return with any questions or concerns, otherwise, follow-up would be once X have been completed and results have been obtained for review and discussion of X. On X, X complained of X. X used a X as an X. X had X. X was X and X. X was noted over the X. There was X and X. X was X. X was prescribed and X was recommended before the X was approved.

X dated X showed X, X, X in the X. X showed X. X dated X identified X and X and X that may be the X. X showed X. X identified X; findings which may reflect an X; X.

Treatment to date consisted of X and X.

On X, 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 not certified. There are X or X. No imaging studies are provided of this region and it is unclear what previous conservative treatment has been provided. Accordingly, the X requests are not certified.

On X, the request for X and 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. In this case, the most recent visit dated X had no documentation of subjective complaints and focused examination for the X or X to support

the requested X. Furthermore, there were no actual imaging reports submitted. In addition, X to the X and X were not evident in the most recent evaluation. In addition, after speaking with Dr. X, they stated the patient X. They are X. They stated the X. They stated the patient was having a X. After this discussion, the requesting did not provide any evidence of X of either X, therefore, the request is not supported.”

On X, the appeal request for X was non-certified. Rationale: “Per evidence-based guidelines, X is indicated after X in conditions with pertinent subjective complaints and objective findings corroborated by imaging studies. In this case, the patient underwent X on X. Currently, X presented with complaints of X referred X. X had approximately X. X had X for the X and about X. On examination, X with a X. X had X. X had pain over the X. X had X on the X. X had X, X, and X. A request was made for appeal X and X. However, there was insufficient clinical indication to support and suggest the presence of approved indications of the X requested at this time. There was also limited documentation of X requested. Given the X, X and X and non-operative management prior to considering the requested X was not established. The medical records provided were limited as there were no X reports submitted to validate that there was indeed an X and X. A most recent or an updated office visit with X and X should be addressed. Clarification is needed for the request at this time and how it might change the treatment recommendations as well as the patient's clinical outcomes. Exceptional factors were not identified.

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

The claimant had described ongoing X that occurred in X. The claimant’s current X did note X. However, there were no specific clinical findings noted on the most recent evaluation consistent with a X. The claimant had X without any noted X. The records did not detail X. Further, the current literature has not X. Therefore, it is this reviewer’s opinion that medical necessity for the requests is not 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 X
- 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)