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Notice of Independent Review Decision
Amended Letter

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:
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. The mechanism of injury is detailed as X. The diagnoses were X.

On X, X presented for X. There was X. A X test were seen. There was also X. X was unable X. On X, X presented for X. X had X that would X.

There was no X. X was X. The request for the X was previously denied due to no X.

An X of the X dated X, X. The X appeared X. There was X.

The treatment to date included X.

An Adverse Determination letter dated X indicated that the X could not be approved without submission of X. Rationale: "X."

On X, an Appeal Adverse Determination letter indicated that X be denied. Rationale: "X. As such, the appeal request is non-certified."

On X, a prospective review response was documented. The response stated: "X."

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

The ODG states that the X, increasing the need for X. In this case, the injured worker was diagnosed with X. The provider reviewed the X and notes that it shows X. The provider has recommended X There is a history of X. Since the X injury, there is X. The symptoms have persisted for X. Given the X and X, proceeding with X would be appropriate to X. In consideration of the ODG and available information, the X is medically necessary.

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)