

**Core 400 LLC**  
**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 sustained work-related injury on X while X. The diagnoses included X.

X was seen in a X on X with X, PT / X, PTA for the X. X attended X from X through X. X reported that X continued to X. On examination, X revealed X. X tests revealed X.

Treatment to date included X.

Per peer review by X, MD on X, the request for X was non-certified. Rationale: "According to X progress note X, there was documentation of the injured worker having a history of X that involved X. The injured worker reportedly continued to X. Objective findings included X, and no other objective X were listed. There was mention of X. Plan was to continue X. However, the injured worker has had X, which already exceeds the guideline criteria for the X and X being requested would be further in excess of the guidelines. There was also no documentation detailing why the injured worker could not X. Therefore, this request is non-authorized."

Per reconsideration review by X, MD on X, the request for X was non-certified. Rationale: "Based on the examination, the injured worker has X. X is not medically necessary."

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

The ODG recommends up to X following X. The provided documentation indicates the worker X. As of X, they had X, but some X. There is no reported inability to address X in a X. Based on available information, X are not 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)