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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 and 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)

Mr. X is a X who sustained an injury on X while X. The diagnoses included X, X and X, and X.

X was seen by X, FNP-C / X, MD on X for X (since X) and X (since X). X reported that the main source of X was the X. The X was described as X to X periodically and rated X. The X was aggravated by X. It was X. The ongoing X regimen provided at least X and X of X such as X the X. X (X) was X. X on a X. On examination, the X was X. The X was X for X during X. X was X without X. X was noted over the X. There was X that did not X to a prior X.

X underwent X at X by X, MD. The X and X diagnoses included X.

On X, X was evaluated by X / Dr. X. X reported that X had X primarily of the X and X with some X in the X. X stated that the X reduced X ability to X and X, X while X, and X to some degree the X of X making it X for X to work and X around X. X stated that the X were instrumental in X the amount of X to the point where X could have some X. The X was rated X.

On X, X presented to X / X, DO complained of the X and X that X stated X ability to X, and perform X and X onto X. X stated that X helped to X some of the X of the X so that X could have X. The X was rated X. On examination, the X was X. The X was X for X during X. X was X without X. X was noted over the X. There was X that X to a prior X.

A X was performed by X, LPC on X. On examination, X score was X indicating X and X score was X reflecting X. The diagnoses included X with X and X and X. It was summarized that X reflected a X of X to the procedure. At that time, X appeared to be a good candidate from a X. It was acknowledged that X were just one part of the decision-making process when considering X and that the physician may consider other factors as well regarding X.

An X of the X on X showed a prior X.

Treatment to date included X (X in X and X), X, X, and X (X).

An appeal letter by X, MD on X documented that X had X with X since X or X, respectively. X sought X from X. X was injured on the job in X while X. On X, X reported injury while employed at X. X reported X and X above X putting X above X, which caused a X on X. X was seen and evaluated by Dr. X for X. examination showed X to X in X and on X of X. X of the X was ordered. X of the X on X showed X at X predominantly to the X. There were X at X. On X, X was seen and examined by Dr. X and was

complaining of X and X. examination revealed that X had X and X to X and X. X of X. X was advised to have X and X. X underwent an X in X and X. X had participated in X in X and as recently as X and had X with X to X. X was X in X and X. The X to the X, X, X, which caused a X and X. X complained of X to X. X mentioned X had been X often lately. Unlike other X procedures, the benefit of X to X could be assessed from the X, which was prior to the X. X had undergone a X and X by X. The X recommended had X for X. The X had been proven X and offered the prospect of X patients to X and potentially X or X the X.

Per initial adverse determination review by X, MD on X, the request for a X was non-certified. Rationale: “Regarding the request for a X, the X (X) state that it is not supported to treat a X, X after X, and X. Proceeding with a X is not indicated at this time. The worker does not meet the criteria for a X. The worker underwent X. In addition, there is evidence of clinical findings of X: X and X in the X. However, guidelines do not support this treatment for these diagnoses. No rationale was provided for proceeding with this treatment despite guideline recommendations. Therefore, a X is not reasonable and congruent with current guideline recommendations. Based on this discussion, the request for X is non-certified.”

Per reconsideration review by X, MD on X, the request for a X was non-certified. Rationale: “Regarding the request for a X, the X (X) state that it is not supported to treat a X, X after X, and X. After reviewing the submitted documentation, the prior non-certification was appropriate. The claimant presented with X in the X and X with some X in the X. X had a history of X in X. In addition, X clinical findings revealed X and X of the X. The cited guideline does not support the request for claimants with similar presentation. Given there is insufficient scientific evidence and guideline support, the requested appeal for X is non-certified.”

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

I agree with denial as guidelines do not support X for the X. The claimant is reporting some X after a X. However, X (X) state that it is not supported to treat a X, X after X, and X. No rationale was provided for proceeding with this treatment despite guideline recommendations. Medical necessity is not established for the request of X, based on the records submitted.

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)