

Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste 117-501 C4
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: @core400.com

Notice of Independent Review Decision

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. X was X and was X for X when X. X on the X and X and X. X was X to X and X. The diagnosis included X, X; X; and X, X.

On X, X was seen by X, MD. X was referred to clinic by Dr. X for X. X complained of a X / X / X that X and to the X. X also complained of a X / X that was X. X rated pain at X and the pain X / X and X and X. X had X, X, X, X, and X without any X. X had tried X for over X with X. At the time, X was taking X. On examination, X was X, X was X, X was X.

Examination of the X revealed X in the X towards X and X. X in X with X was noted.

An MRI of the X dated X showed X the X on X, X, also causing X.

Treatment to date included X, X that included X / X / X / X / X, and X.

In a peer review and utilization review dated X, X, MD denied the request for X at X. Rationale: “ODG outlines the criteria for X including: (1) X causes X and / or X or X in the X supplied with the X from that X) must be well documented, along with X findings on X. X must be X by advanced imaging studies (eg, X, X) and, when appropriate, X testing, unless documented X, X, and X support a X. A request for the procedure in a X requires additional documentation of recent symptom X associated with X. In this case, the claimant has X in the X. There is no documentation of X, X, or X on examination which X with X. There is also no evidence of any recent X with associated X. (2) X to X treatment (eg, X, X, X, X). Thus, medical necessity is not evident. Recommendation is to deny the request for X.”

Per a reconsideration review dated X, by X, MD, the request for X was non-certified. Rationale: “ODG by MCG states that an X may be performed for X on there are X findings upon imaging X and objective clinical findings after X with X. The patient had ongoing complaints of X that X. It was stated within the note that there was a X which impinged upon the X. However, the official report was not provided to confirm X. Additionally, the guidelines state that for X there should be X related to X which was not evident in this case. As such, the request for X is non-certified.”

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

The request for X was reviewed. The claimant has X with no documentation of X, X, or X on examination and also no evidence of any recent X with X status. X would agree with denial as objective evidence of recent X associated with X state was not properly documented. Given the documentation available, the requested service(s) for X is considered 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
- 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