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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME

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 who sustained a work-related injury X. The diagnoses included X. On X, X was evaluated by X, MD, for X. X rated X pain X. X was X. X described the pain as X. X noted that these symptoms X. The pain X. Any kind of X. X was given a X. On X examination, X of the X was decreased by X. X had X noted. The diagnoses were X. Treatment plan included X. It was noted that due to the X. The procedure was X. The current request was for X. An X of the X dated X revealed X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "According to Official Disability Guidelines, criteria for X. X may be X. In this case, X sustained a work-related injury on X. X complained of X. X rated X pain as an X. X of the X dated X revealed X. Per X report, examination revealed X. X had X noted. However, there are X notes available or objective findings that document the X. It

is unclear if X had completed X authorized X. A request is made for X. However, X has not had X. Hence, the request for X. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. As per above, X have only been X. Furthermore, further X is being done to X. Per guidelines, X.” In an appeal letter dated X, Dr. X stated that X presented for follow up of X. X reported X. X pain X. X reported taking X. The request for X. X refused to have X. On X exam showed, X could X. X was assessed with X. Authorization was requested for X. Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. This X, who works as a X, injured the X. The reported condition is considered X. There was a previous adverse determination dated X, whereby the previous reviewer X. X are done X. Relevant findings from the X exam include the following: X; there was X. The X of the X on X included among other findings the following: X at X with X. A request for X. The following criteria X: the patient has X. The request is X: there was X.” The request for X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: “According to Official Disability Guidelines, X. X may be X. No more than X. In this case, X sustained a work-related injury on X. X complained X. X rated X pain as an X. X of the X dated X revealed X. Per X report, examination revealed X. X had X noted. However, there are X. It is unclear if X had completed X authorized X. A request is made for X. However, X has X. Hence, the request for X. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. As per above, X have only been X. Furthermore, further X is being done to X. Per guidelines, X.” Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. This X, who works as a X, injured the X. The reported condition is considered X. There was a previous adverse determination dated X, whereby the previous reviewer X. X are done but X. Relevant findings from the X exam include the following: (X); there was X. The X of the X on X included among other findings the following: X. A request for X. The following criteria were X: the patient has X. The request is X: there was no objective evidence that the patient was X.” There is

X. There is X. There is X. The records submitted for review X. Therefore, X. The requested X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "According to Official Disability Guidelines, criteria for X. X may be grounds to X. No more than X. In this case, X sustained a X on X. X complained of X. X rated X pain as an X. X of the X dated X revealed X. Per X report, X revealed X was X. X had X at X noted. However, there are X notes available or objective findings that X. It is unclear if X had completed X authorized X. A request is made for X. However, X has X. Hence, the request for X. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. As per above, X have X. Furthermore, further X is being done to X. Per guidelines, X." Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. This X, who X as a X, injured the X. The reported condition is considered X. There was a previous adverse determination dated X, whereby the previous reviewer X. X sessions are X. Relevant findings from the X exam include the following: (X); there was X. The X of the X on X included among other findings the following: X at X with X. A request for X. The following criteria were X: the patient has X. The request is X: there was X." There is insufficient information to support a X. There is X. There is X. The records submitted for review consist X. Therefore, X. The requested X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**