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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:

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 reported X was injured while X. The diagnosis was X.

On X, X was seen by X, MD for follow up in X. X felt about the same, X, X. X was X. X was unable to X. X had X. X made the X. X made it X. X had no new symptoms except X felt X following the treatment plan, but it was X. X was taking X. X had undergone X of X, which did not X. X had been denied for X inspite of the fact that X was X quite a bit. X had an X. On examination, X and X was X on the X. X, X, X was all X in each X. X had a

X on the X with X described in the X, X. X had X at the X, X area. Dr. X stated they would appeal the denial of the X. X was in need of the X in order to X and get back to X (X).

On X, X was evaluated by Dr. X for a work-related injury sustained while X. X was denied again for X. X felt the same. X was X occasionally and made X by X. X had not had any symptoms and was following the treatment plan, but it was X. X was taking X. X had received X, which had X. X has not had any X, which had been denied. The examination was X. Dr. X stated at this point, they would appeal the denial of the X because X continued to be in X after X of being injured, requiring medical attention and X should be placed in X (X) and evaluation for X. Dr. X stated they would appeal the denial of the X.

An X of the X dated X revealed X and X. There was X or X.

Treatment to date included X (X) and X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X, X was denied. Rationale "The X has X which X into the X along with X and X. This is consistent with a X. X are not recommended in this clinical scenario. Medical necessity has not been established. Therefore, the requested X is non-certified."

Per a reconsideration review dated X by X, MD, the request for X, X was denied. Rationale "Per ODG. "Clinical presentation should be consistent with X, signs and symptoms referenced above X involves X near the X connecting to X, and it is only recommended as a diagnostic, not therapeutic procedure for X. (2) Documentation at least X of failed conservative treatment including X (unless poorly tolerated). "Per this review, the prior records describe X to the X, which, is consistent with X, the date of injury was X. Therefore, the request for X is not shown to be medically necessary and is non-certified."

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

The medical records and request for X, X was reviewed. The provider noted X after a X. The claimant had undergone X of X, with X. On examination, X and X was X on the X. X, X, X was all X in X. X had a X on the X with X described in the X, X. X had X at the X, X. In X medical

opinion, given the time passed, the X and noted X on X and X medical necessity for this request is established.

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)