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An Independent Review Organization
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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:

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. The diagnosis was X.

On X was evaluated by X. X could not X. The pain would X. X had to go to X. The pain was X. The pain was X. On examination, X appeared in X. X had X. X revealed X. X revealed X. X revealed X. X was noted at X. X was able to perform X. X was able to X. X was X.X. The assessment was X. X was instructed to take medications as prescribed. X was recommended. On X, Dr. X noted continued X. X presented for X. The pain was X. The pain was aggravated by X. X activities of X. On examination, X appeared in X. X had X. X revealed X. X revealed X. X revealed X. X was with X. X was unable X. X was X.X. The assessment was X. X was instructed to take medications as prescribed. X was recommended.

Treatment to date included medications X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X(X) X was denied. Rationale: "ODG / MCG Last Review / update date X, X. "Recommended as indicated below for carefully selected patients with proven X. X evidence, primarily X, has challenged procedural X. Criteria for X: (1)X. In this case, there is pain radiating to the X that is accompanied by a "X". Furthermore there is no record of X. Therefore, the request for X is not shown to be medically necessary."

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale, "ODG by MCG, last review / update date :X, X, "Recommended as indicated below for carefully selected patients with proven X. Criteria for X, the injured worker presented with complaints X. the pain is X. On examination, the injured worker is noted to have an X. The X. In this case, the injured workers had complaints of X and there is a request for X. The injured worker is noted to have had X. There is a request for a X. However, there is no clear documentation of an X. The requested procedure is not a X. As such, this request is not shown to be medically necessary."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. According to the documentation, the injured worker presented with complaints X. the pain is aggravated by X. On examination, the injured worker is noted to have an X. The X. In this case, the injured workers had complaints X. The injured worker is noted to have had X on X which X. There is a request for a X. However, there is no clear documentation of an X) in place a required by the guidelines. The requested procedure is not a X. As such, this request is not shown to be medically necessary." There is X to support a change in X. The patient underwent prior procedure on X. Pre-procedure pain level in X was X. Post-procedure pain level on X was X. Follow up note dated X indicates the patient's X pain is rated X. There is no documentation of X following the procedure. Additionally, there is no documentation of X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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 (Provide a description)