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Notice of Independent Review Decision

Description of the service or services in dispute:

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:

Χ

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an industrial injury on X. The mechanism of injury X. The X stated that there was an X. There was a report of X. Per a X Daily treatment note dated X by X, PT; X participated in a X addressing review of X. X continued to X the X. X was X." Modified this to X. X continued to have X to progress X. X remained X to X. X would be benefiting from X. The diagnoses were X. Per a utilization review decision letter dated X: "Based upon the medical documentation presently available for review, Official Disability Guidelines would not support a medical necessity for this specific request as submitted. Specifics X. Additionally, there is no documentation to indicate X. Consequently, based upon the medical documentation presently available for review, medical necessity for this specific request as submitted is not established. Attempts at conducting a X. It would be considered reasonable and appropriate to await the results of a physician reassessment prior to consideration of additional treatment in the form of

X."X wrote an appeal letter on X documenting that "Submission for authorization X. This was denied per documents received from X. This letter is to appeal this decision for reconsideration. X visits from X. X did have several set-backs vs Interruptions in X. Despite these, X did demonstrate X. This was evidenced by X. X was also participating in X. X did report continued X. X Modified X. However overall it X. Subjectively, X. seems to have X. X continues to have X. X remains X. These symptoms impact X. Patient participated in X. PT interventions in later visits were focused more on X. For these reasons, X would greatly benefit from X. X to focus on X."Per an adverse determination letter dated X, the prior denial was X, MD. Rationale: "Per Official Disability Guidelines (ODG) by X.' In this case, the patient is a X. On X, the patient is pending a X. The patient still presents with X. There are X. Regarding this request, ODG would consider X. X are the most frequent X. In this case, the patient is noted to X. Objective gains most recently demonstrate the approach of X. Additionally, the requested X. There were X noted. The requested X. A successful peer-to-peer call with Dr. X, DO occur. X, the details of the request were discussed. There were X. As such, the X."

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

After extensive review of the provided documentation including X. While the claimant benefited from the X. After the X. This was also noted by Dr. X. Thus, it does not appear that the claimant X. As such, the request for 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 & TREATM GUIDELINES	1ENT
☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & GUIDELINES	QUALITY

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
$\hfill\square$ 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)