

Core 400 LLC
An Independent Review Organization
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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:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X did not remember the impact, noted X was X. X remembered X. The exact mechanism of injury could X. The assessment included X. X had a X evaluation and treatment by X, DC on X for complaints related to the X. The visit note was X. With regard to the X. Pain was X. X was X.X; X by getting X. On examination, X was X. X were noted on the X. X tests were X. The assessment included X. The X note was X. X was treated with X. X continued to X. On X, X noted some X. X was X. X noted X. X had X.

Examination showed X. X noted X. X had X. X was recommended X. Treatment X included X. The X note was X. Per the X note, X noted X still X. X noted X. There was X. The X were X. The X was reviewed. Per a Treatment Plan note by Dr.X, X resented for X. X was recommended X. X would include X. An X of the X. X were noted, involving the X. There was a X. X to date included X. The rationale or peer review report was X. Per a reconsideration review dated X, the appeal request for X. The rationale or peer review report was X. Per a utilization review dated X, the request for X. The rationale or peer review report was X. Per a reconsideration review dated X, the appeal request for X. The rationale or peer review report was X. There is X. The submitted clinical records indicate that this patient has X. The request for X. When X be noted. There are X. There is a X. The patient has X. The X.

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

Per a reconsideration review dated X, the appeal request for X. The rationale or peer review report was X. The submitted clinical records indicate that this patient has X. The request for X. When X be noted. There are X. There is a X. The patient has completed X. The X 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 & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF X
- 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)**