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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

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 was injured on X. The diagnosis X. On X, X was seen by X, MD for X. X reported X. It remained X. The pain radiated to the X. X stated X was X. X continued to be the X. X was X. X not had X. X continued with X. On examination, X. The pain X. X was X. X of the X. The assessment was X. It was opined that X likely needed a X. However, X only had a X. An X of the of the X. X had also mentioned X. An X dated X. Dr. X would do a X. X did request X. Per a X, X medical condition allowed X to return to work with X” The X included X. X was evaluated by X, X on X. Per translator, “X”. X had the X. At the time, the X. The X was X. X had a X. X recent X with X did not X. “Before the X.” X reported X. X all seemed to increase X. X was X. Upon return to X. X also increased X. X rated the X. X had been X. X was X. X had resumed X. X reported X was X. Upon evaluation, X presented with X. X demonstrated X. X was necessary in order to X. An X dated X showed X. There was X. There X. There was X. X was

noted in the X. There was X. Treatment to date X. Per a peer review report dated X by X , MD, the request for X. Rationale: "The request for X. The request in question, if approved in X. The claimant X. Activities to include X. All of the X. Therefore, the request for X." Per a reconsideration and peer review dated X by X, MD, the request for X. Rationale: "Per ODG, "Allow for X." In this case the records note a X. The number of X. The request is X. Therefore, the request for X. "Thoroughly reviewed X. Agree with X. However, patient has X. If patient is motivated to improve X. Given X. Therefore, the request for X."

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

Thoroughly reviewed X. Agree with X. However, patient has X. If patient is motivated to X. Given X. Therefore, 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 & 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)