

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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. The mechanism of injury was X. The diagnoses were X. On X, X was evaluated by X, X(X) /X, DO (X). X stated that X had history of X. A X showed X. X was previously followed by X (X) for X and received a X. X had more recently been seen by X. X had initially reported that previously X. X was evaluated by Dr. X and X. X was subsequently X. X continued to have X. X was X. X was X. X did not want any X. X also remained on X. X had previously been seen by X. On examination, it seemed to be X. The X examination X. There was X . There was X. The X showed X. The X. X. The treatment plan included X was scheduled for X. An X dated X revealed X.

The X. An X of the X dated X noted X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DO the request for X. Rationale: "The Official Disability Guidelines indicate that X. While it was noted that the claimant had X. As such, the request for a X." "The Official Disability Guidelines indicated that X. The information provided for the review noted that the claimant had X. However, there was X. As such, the request for X. "Per a reconsideration review adverse determination letter dated X by X, MD, the request for a X. Rationale: "Per the ODG by X. The claimant reported X. On X examination, there was X. There was X. There was a X. There was a X. However, the claimant was X. As such, the request for a X." "Per the ODG by X. The claimant reported X. On X examination, there was X. There was X. There was a X. There was X. There was a X. "Based on review of the provided documentation, imaging findings, and peer reviews there X. The exam does X. As such, the request for X. Regarding the request for a X. Given the X.

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

Based on review of the provided documentation, X. The exam X. As such, the request for X. Regarding the request for a X. Given the 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)**