

Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste 117-501 C4
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: @core400.com

Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: X; Amendment X

IRO CASE #: X

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:** PM&R/Pain Medicine

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 at work on X. The injury occurred when X was X. The diagnoses were extruded herniated disc at X level associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury as well as a second herniated disc at X, cervicogenic headaches and persistent myofascial pain syndrome of the cervical, mid-thoracic, lumbar regions with lumbar mechanical back pain syndrome (lumbar facet syndrome) associated with work injury. On X, X was evaluated by X, DO, for follow-up of X ongoing complaints. Dr. X noted that X presented for continued care regarding X chronic neck, shoulder, and arm pain refractory to conservative rehabilitative care. X MRI had been corroborated to X. X continued to have severe neck pain, decreased range of motion, numbness and tingling in the X as outlined on Dr. X initial evaluation. Unfortunately, a peer doctor first through their notes as well as codes for the sedation for X large body habits, X individual for any type of procedure given X obesity to deny this reasonable necessary care. Dr. X would not do the procedure and would consider it malpractice based on this doctor's

opinion to do without appropriate monitoring and minimal sedation to provide a still, safe surgical field. Ordinarily, they used a X-inch X gauge X. In this case, they would probably have to go up to X. Dr. X wrote that after X years of experience, X knew better. As a result, X would resubmit for this treatment. The delay in X care would only lead to more pain, suffering and more deconditioning. X was highly motivated to get well. Already, X was doing better with the X. X would be at X. X was X. X sleep was improved with X and Dr. X would resubmit for this at once. X as it was recommended by this Board Certified pain specialist who happened to be an anesthesiologist, was going to be resubmitted hopefully with appropriate review. Any further delays would lead to refractory and costly pain complaints. That day, X pain score was X, X CESD score was X. X had X. Continued X with Dr. X was advised. An MRI of the cervical spine dated X revealed that a X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Per ODG, "X is NOT recommended for any of the following...Use of general anesthesia, moderate or deep sedation, or monitored anesthesia care." In this case, X is planned with X. ODG guidelines do not recommend X. Furthermore, although the records describe a plan for "X, the requested X. X would be excessive to administer X. Therefore, the request for X is not medically necessary."

Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: "Per Official Disability Guidelines, X. Per available records the claimant had chronic neck, shoulder and arm pain refractory to conservative rehabilitative care. X had X. There was lack of clinical finding. There was no documentation related to the X. Additionally, X is not supported by the guidelines. Hence the request for Appeal request for X, as an outpatient is not medically necessary. "Thoroughly reviewed provided records including provider notes and peer reviews. Patient may potentially benefit from X. However, no valid extenuating circumstances cited for X is not standard of care for X. Prospective request for X is not medically necessary and non-certified

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

Thoroughly reviewed provided records including provider notes and peer reviews. Patient may potentially benefit from X. However, no valid extenuating circumstances cited for X. Prospective request for 1 Appeal request for X is not medically necessary and non-certified
Upheld

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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**