

Core 400 LLC
Notice of Independent Review Decision
Core 400 LLC
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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: 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

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necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who sustained an injury on X. X was a firefighter / EMT with 25 years of experience, was diagnosed with work-related posttraumatic stress disorder (PTSD) following multiple traumatic incidents on the job. The diagnosis included post-traumatic stress disorder, unspecified. X was seen by X, DO on X for a follow-up of PTSD. X had multiple exposures to traumatic events that led X to having anxiety with PTSD symptoms. Traumatic event exposures included responding to mass shooting at X, responding to X who shot X in the head, and various traumatic pediatric outcomes in the recent severe injury of the close friend who was burned. X had been receiving care from psychiatry and counseling since X. X had been taking X. It was noted that to cover the diagnosis, Workers compensation needed referral to psychology / psychiatry. X also had multiple home stressors. X blood pressure was 152/108 mmHg. Psychiatric examination was notable for depressed mood and flat affect. X judgment and insight were normal and speech was appropriate in content and delivery. Treatment to date included X. Per the peer review by X PhD on X, the request for X was non-certified. Rationale: "The patient is a X individual who was injured while at work on X. The patient has been employed as a firefighter and has encountered many traumatic situations in the normal course of duty at their job. The patient has been diagnosed with post-traumatic stress disorder and has received X. The impression is that the request is not reasonable or medically necessary. Assessment work was previously approved in X. While assessment work can help clarify the nature and etiology of emotional distress and can help to define/target future treatments, it appears that assessment work has already occurred for this patient. Therefore, the request for a X is non-certified. "In a response to denial letter dated X, X, LMHC wrote, "Several items need to be clarified in this denial. First, the wrong office was contacted so we missed the opportunity to speak with the physician advisor to discuss our rationale for the above procedures. Therefore, please accept this appeal letter for reconsideration. In short summary, X was initially referred to our office in X last year for medication management. Our office has a standard protocol to also

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evaluate a patient to review appropriateness/candidacy for counseling/individual behavioral services (if medically necessary). While in the process of obtaining the compensable injury prior to submitting a request for preauthorization, we received several emails from X adjuster stating our office was unable to treat X due to the injury being a X claim. Additionally, we were told X already had an evaluation with another doctor for X accepted medical diagnosis of F43.10 Post-traumatic stress disorder (PTSD), unspecified. We were unaware of this and had already completed the above mentioned units. We still attempted to bill however did not receive payment. In X we eventually obtained an out of network approval from X adjuster in order for our office to resubmit claims for billing. Our office then proceeded with the request for preauthorization which resulted in this denial. With all of the above-mentioned, the rationale for the requested X is considered medically necessary. "Per the peer review by X, MD on X, the request for X was upheld and non-certified. Rationale: "The patient has received counseling and psychiatric care since X. According to the utilization review (UR) treatment history, the following treatments have been certified to date: X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is medically necessary and upheld. Therefore, the request for appeal: X is upheld and non-certified. "The request for X was upheld and non-certified. Rationale: "The patient has received counseling and psychiatric care since X. According to the utilization review (UR) treatment history, the following treatments have been certified to date: X. A X evaluation was completed by X on X. Further diagnostic evaluation is not identified as necessary as claimant was diagnosed with PTSD and started treatment. 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:

The request for X was upheld and non-certified. Rationale: "The patient has received counseling and psychiatric care since X. According to the utilization review (UR) treatment history, the following treatments have been certified to date: X. A psychological evaluation was completed by X on X. Further diagnostic evaluation is not identified as necessary as claimant was diagnosed with PTSD

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and started treatment. 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)