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Date: 9/24/2018 2:39:29 PM CST and amended 9/25/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX/XX XX block bilateral times one for the XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an XX claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis/diagnoses is/are documented as XX. Past treatment included physical therapy, epidural XX injection, and XX therapy. An MRI of the XX was performed on XXXX and showed XX at the XX-XX level impinging the XX roots with the XX. On XXXX, it was documented this patient had complaints of pain to the XX that did not radiate. Upon physical examination, it was noted XXXX had restricted range of motion to the XX. Tenderness to palpation and spasm was noted about XX.

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

According to the Official Disability Guidelines, XX blocks are recommended in those with facet-oriented, non-radicular pain despite conservative care. The clinical documentation submitted for review indicated this patient had pain to the XX about the XX-XX XX with tenderness to palpation and restricted range of motion. XXXX received an epidural XX injection and XXXX radicular findings resolved though XXXX continued to have XX pain. Accordingly, the request is supported.

As such, the decision for In-office XX block XX-XX XX block bilateral times one for the XX is medically necessary and therefore overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, XX (updated XX), XX blocks (injections).