

# Pure Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 7/10/2019 2:04:33 PM CST

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- INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
- Clinical Records –X
  - Utilization Review Decision Letters –X
  - Utilization Reviews –X
  - Diagnostic Data Report –X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X who was injured on X. The biomechanics of the injury was not available in the records. X was diagnosed with pain in the X unspecified; X not elsewhere classified; X pain; X of the X region; X, and X pain. X was seen by X, FNP on X for X pain radiating into the X, X pain radiating into the X. X rated the pain at X. X suffered with X status post two-level anterior X many years prior with X. With X ongoing medications, X endorsed X relief. X depicted pain in the X and X as X and improved with X. X reviewed Imaging, which showed X involving the X. X had new complaint of X two months prior. The X examination showed X. X used no assistive device. Given the complaint of pain in the X, X planned X. X MRI dated X demonstrated some X. Prior X was noted at X and X At X, there was X. At X, there was mild X, there was X noted without X, the X was somewhat asymmetric to the X. There was X on the X without significant X. At X, the X. At X, the level was widely patent. Some XX XX extended into the X with some borderline X. There was no significant X. The treatment to date included surgery (X) and X(X). Per a Utilization Review Decision Letter dated X, the request for X was denied by X, MD. Rationale, "X can be an appropriate treatment for X pain. In this situation, the MRI does not show any X at requested levels. Furthermore, the physical examination

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findings do not correlate with the requested levels as well. There is no mention of sensory X in the corresponding X either. Therefore, the urgent request for X is not medically necessary.” Per a Utilization Review Decision Letter dated X, the request for X was denied by X, MD. Rationale, “The purpose of the X is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication use and the avoidance of surgery, but this treatment alone offers no significant long-term functional benefit.(1) X must be well documented, along with objective neurological findings on physical examination. X must be corroborated by imaging studies and / or electrodiagnostic testing, unless X pain, X, and X weakness abnormalities are all present. Chronic X additionally requires significant recent symptom worsening associated with clearly documented X findings. The physical examination is inconsistent with X and there is no evidence of significant X on the X MRI. The guideline criteria have not been met. The medical necessity for this request has not been established. The request is not shown to be medically necessary.”

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

The Official Disability Guidelines discusses principles of prescriptions for X. An X generally is indicated early in the course of an injury in order to facilitate initial functional restoration. As noted in a prior physician review, X are generally not recommended in a X setting, particularly a X setting such as in this case. Moreover, it is not clear that there are symptoms, examination findings, diagnostic study which correlate to confirm the presence of a X at a particular distribution.

Given the documentation available, the requested service is considered not medically necessary and therefore X.

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

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- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES