

# Pure Resolutions LLC

## *Notice of Independent Review Decision*

Case Number: XX

Date of Notice: 3/18/2019 2:44:51 PM CST

### Pure Resolutions LLC

An Independent Review Organization

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#### IRO REVIEWER REPORT

**Date:** 3/18/2019 2:44:51 PM CST

**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** XX injection on the XX X 1

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** XX. XX XX is a XX-year-old XX who was diagnosed with sprain of ligaments of XX XX, subsequent encounter. Per the records, on XX, XX. XX was injured at work when XX XX on a XX and XX XX, XX on XX XX directly. XX had immediate pain onset along the XX of XX XX XX. On XX, XX. XX was evaluated by XX for XX XX pain that did not radiate. XX was able to stand and walk for less than XX minutes. The pain was rated as 5-10/10. XX described the pain as constant, aching, soreness, pinching, throbbing, shooting, and stabbing. XX had undergone multiple XX therapy sessions with minimal or no help. The pain was worsened by standing, sitting, walking, and lying down, and nothing made it better. On examination, straight XX raise was positive on the XX. XX sign, XX sign, and XX distraction were positive on the XX. The XX XX joint was painful on palpation. XX planned for a XX joint injection on the XX x1. It was noted that XX. XX had a degree of XX about XX.

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On XX, XX. XX was evaluated by XX for the complaint of XX XX pain. XX was able to stand, sit, and walk for less than XX minutes. XX rated the pain as 4/10 at the time and at best, and 8-9/10 at its worst. The pain was described as sharp and pinching type. It was relieved by XX. The physical examination remained unchanged from the prior visit. It was noted that a XX joint injection had been recommended, which was denied in spite of meeting Official Disability Guidelines.

An MRI of the XX XX dated XX, noted a XX x XX cm XX XX XX lesion partially visualized in the XX XX. No significant XX XX, lateral recess, or XX XX narrowing was noted at the XX-XX, XX-XX, and XX-XX levels. The report appears incomplete.

Treatment to date consisted of XX therapy (multiple sessions without any help), medications (XX and XX), and steroid injections.

Per a utilization review determination letter dated XX, the request for XX joint injection on the XX times one was noncertified by XX. It was determined that Official Disability Guidelines recommended steroid XX joint injections in the presence of inflammatory XX and was not recommended for non-inflammatory XX pathology. It was recommended on a case-by-case basis for inflammatory XX (XX). In that case, the diagnosis was not documented in the records submitted for review. Therefore, the request for XX joint injection on the XX was not medically necessary and was noncertified.

Per a utilization review determination letter dated XX, XX indicated that the reconsideration request for the XX XX joint injection times one was denied / noncertified. Rationale: "Based on the documentation provided and per the ODG, the requested appeal for XX injection on the XX is not medically necessary. Though the patient has positive finding on physical examination including positive XX signs on the XX, positive XX sign on the XX, XX XX test positive on the XX as well as XX XX joint pain with palpation, the request is not medically necessary per guidelines, given there were no documentation of definitive studies to support the request. Per the guidelines, Not recommended (neither therapeutic XX intra-articular nor periarticular injections) for non-inflammatory XX pathology, based on insufficient evidence. Recommended on a case by-case basis as injections for inflammatory XX (XX). This is a condition that is generally considered XX in origin (classified as XX XX, XX XX, reactive XX, arthritis associated with XX XX disease, and undifferentiated XX). There is no documentation of the XX joint being inflammatory process. As such, the request is not certified."

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

Based on the clinical information provided, the request for XX injection on the XX, times one XX - Injection of radiopaque substance for XX of XX joint, XX - Fluoroscopic guidance and localization of needle or XX tip for XX or XX diagnostic or therapeutic injection procedures (epidural or XX), XX - Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review determination letter dated XX, the request for XX joint injection on the XX times one was noncertified by XX. It was determined that Official Disability Guidelines recommended steroid XX joint injections in the presence of inflammatory XX and was not recommended for non-inflammatory XX pathology. It was recommended on a case-by-case basis for inflammatory XX (XX). In that case, the diagnosis was not documented in the records submitted for review. Therefore, the request for XX joint injection on the XX was not medically necessary and was noncertified. Per a utilization review determination letter dated XX, XX indicated that the reconsideration request for the XX XX joint injection times one was denied / noncertified. Rationale: "Based on the documentation provided and per the ODG, the requested appeal for XX injection on the XX is not medically necessary. Though the patient has positive finding on physical examination including positive XX signs on the XX, positive XX sign on the XX, XX XX test positive on the XX as well as XX XX joint pain with

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palpation, the request is not medically necessary per guidelines, given there were no documentation of definitive studies to support the request. Per the guidelines, not recommended (neither therapeutic XX intra-articular nor periarticular injections) for non-inflammatory XX pathology, based on insufficient evidence. Recommended on a case by-case basis as injections for inflammatory XX (XX). This is a condition that is generally considered XX in origin (classified as XX XX, XX XX, reactive XX, XX associated with XX XX disease, and undifferentiated XX). There is no documentation of the XX joint being inflammatory process. As such, the request is not certified." The Official Disability Guidelines note that diagnostic XX joint injections are not recommended, including XX intra-articular joint and XX complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of XX) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as XX therapeutic intra-articular injections are not recommended for non-inflammatory pathology). When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented.

Therefore, medical necessity is not established in accordance with the Official Disability Guidelines and the decision is upheld.

### **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