

Pure Resolutions LLC
An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 779-3288
Fax: (888) 511-3176
Email: brittany@pureresolutions.com

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. A X while X was at work. X was X. X was diagnosed with X. X was seen by X, MD on X and X. On X, X presented for X. X stated that was not doing well as compared to the prior visit. X was working with X but did not notice any improvement. X reported X. The examination of the X revealed trace X over the X. X had moderate X over the X. The X showed X degrees. X was X over the X. X test was X and X with X. X tests were X. There was pain with X test. On X, X stated that X was doing worse as compared to the prior visit. X was not helping. X continued to have pain with daily activities. On examination of the X, there was X. An MRI of the X dated X showed X. The lack of X surrounding the X suggested that this was a X rather than an X related to X. There was X. X was noted. The treatment to date included medications X, X. Per a Peer Review and an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: "Per evidence-based guidelines X is reserved for patients with evidence of pertinent subjective complaints and objective findings corroborated by imaging studies that would be suggestive of deficits and functional limitations on the X after the provision of X. In this case, the patient complained of X pain with X. There was X test causing pain. It was noted that the patient had previous X. A request for X was made. However, the clinical findings in the recent report were insufficient and did not meet the guideline criteria to necessitate the request as there was no documentation of pain with X, significant functional impairment persisting at least one year, pain at night, and temporary relief of pain with an X. Moreover, exhaustion and failure from X were not fully established. The requested X could not be fully supported at this time. There were X factors documented." Per a Peer Review and Utilization Review decision letter dated X, the prior denial was upheld by X, MD. Rationale: "Per evidenced-based guidelines, X is indicated after the provision of X in conditions with pertinent subjective

complaints and objective findings corroborated by imaging. In this case, X complained of X. Examination revealed X present in the X. On the X were X degrees. On X, X. There was a X test. The X test was X. There were a X that caused pain. MRI of the X on X revealed X. There was a X. There was a X. A request for X was made. However, given the dare of injury, the subjective clinical finding of significant functional impairment persisting at least one year is not yet established prior to necessitating this request. Moreover, there should at least one year of X that is recommended per guideline. There were no exceptional factors noted.”

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

The ODG recommends X. The ODG does not recommend X and recommends at least X year of X unless earlier surgical criteria for other associated X diagnoses are met. The provided documentation indicates the injured worker has X. The physical examination findings include X over the X. A X MRI has revealed moderate X. There is no evidence of a treatment X. Based on the available information and ODG recommendation, X is not medically necessary.

The request is not medically necessary, and recommendation is to uphold the two previous denials.

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
- 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL