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IRO REVIEWER REPORT

Date: 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:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X after a X. X was diagnosed with X. On X, X was seen by X, MD for X. The X pain was X. The X pain was located in the X. The pain X. The X pain was X. The X pain was relieved by X. The symptoms had been associated with X. The pain X. X was X. X pain originated in the X. X stated X made the pain X. X rated the pain X. X had X on X with X, but it X. X examination showed X. X were X. There was X. The X test was X. X examination on X. There was X to X. On X, X reported X pain was X. On X, X reported the pain X. X prior X was done in X by a different X. X testing was not able to be performed during the visit as it was a X. An MRI of the X dated X demonstrated X. There was X. An MRI of the X dated X reported X. X screen dated X was X. The treatment to date included X. Per an adverse

determination letter dated X, the request for X was noncertified. Rationale, "The ODG recommends a X is well documented, and there has been an X. A X is supported when the X. Based on the clinical documentation provided, the injured worker has X. The treatment has included X. They X. The MRI is consistent with X. The provided documentation did X. During the peer-to-peer process, the provider indicated the original presenting symptom was the X, and they just did not update, but the injured worker does have complaints of X. The provider reported they X examination because they are doing X, so it is all X. They noted the only X would be the MRI. The provider further noted they were not the technician who performed the X, and the injured worker would like to X. They indicated the injured worker has been X. The provider indicated they would fax the documents, but fax has not been received. Given the lack of X is not medically necessary." Per an adverse determination letter dated X, the request for X was noncertified. Rationale, "Regarding the request for X, Official Disability Guidelines states that X. The documentation provided detailed that the patient had ongoing complaints of X. It was detailed that there was X. The patient reported X. X testing was X. The treatment plan indicated that the X. The treating provider indicated that a request would be made for an X. However, as the guidelines recommend a minimum of X, authorization cannot be warranted. There are X to support extending treatment outside of guideline recommendations. As such, the request for X is noncertified."

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 X is not recommended as medically necessary, and the previous denials are upheld. There is X, and the previous non-certifications are upheld. The Official Disability Guidelines note that X. The submitted clinical records indicate that this patient X. Additionally, the patient's physical examination notes that X. X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines. The decision is 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
- 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