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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. The diagnosis was X. On X presented to X. X would get X. X had been X but that X. X had X. X and X. There was X. X of X. X and X. X-rays revealed X. There were X about the X. The MRI of the X dated X revealed a X. There was X and X. There was X. Treatment to date included X. Per a Notification of Adverse Determination dated X, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidenced-based guidelines, X is not routinely recommended and should be reserved for a X. In this case, the patient X. On examination of the X. There was X. The MRI of the X revealed a X. There was X of the X. There was X. A request for an X. However, there was X of X. In addition, there was X. Per a Notification of Reconsideration Adverse Determination dated X, the appeal for X was non-certified. Rationale: "Based on the clinical information submitted for this

review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was X. Pending this information, the request is not medically necessary at this time.”

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

The ODG supports X. The documentation provided indicates that the X. Treatment has included X. An examination of the X. An x-ray documented X. An X documented a complete X. The treating provider has recommended a X. Based on the documentation provided, a X would not be supported as there is no indication that there has been a X.

As such, the requested X is upheld and not medically necessary.

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