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**An Independent Review Organization**  
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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, MD for X. X would get X. X had been X. X had been X. On X and X. There was X. X were in X. X and X. X-rays revealed X. There were X or X. The MRI of the X revealed a 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, repeat X is not routinely recommended and should be reserved for a X. In this case, the patient complained of X. On examination of the X. There was X. The X revealed a X and X. There was X. There was X. A request for an X was made. However, there was insufficient documentation of clinical findings X. In X

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