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Notice of Independent Review Decision

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is X who was injured on X. X worked at X. At the X, X was X. The diagnosis was X. X was evaluated on X by X, MD for follow up of X. X rated X at X. X did have X. X presented for follow-up of X. X over the X was the dominant issue for the visit with X. X stated X had X. X had X since X by Dr. X. X stated that sometimes the X. This seemed to X. This was X the more X. X stated that X had X with X of the X, but Dr. X stated this was not recorded in X previous documentation nor in any of the documentation from Dr. X. X was seen by Dr. X for a second opinion, who suggested that X would benefit from X. That second opinion was still not present on the chart. Dr. X stated X was seen by X in X for a second opinion, and X was ordered, but to X knowledge, this had not been done. Dr. X stated, X, X from that evaluation in X. Based upon the result of the current evaluation, Dr. X made X

aware that X had X. X also had X. On examination, X was X. Specifically, at the time, the X. X had X. This was X. X had X. X had X. X had X, which produced X and X as well. The X to the X and X and the X. X did produce a corresponding X of the X and X. X had X. X had X. The assessment was X. The X was X and X. There was X with X and X. Dr. X recommended proceeding to the X for X of the X to the X by X of this X at the X, X. X was advised X until X. X, X would do X for the X. X was advised to X that X. Treatment to date included X and X. Per a utilization review adverse determination letter dated X the request for X was denied by X, MD. Rationale: "Per Official Disability Guidelines, "ODG Indications for X -- X: I. X, requiring ALL of the following: A. Symptoms/findings of X, requiring ALL of the following: 1. X 2. X." In this case, the claimant has X of the X which produces X and X as well, X. X in X. There is X for the X provided. There is no evidence of recent conservative treatment for X. Therefore, the request is not medically necessary and is not certified." In an e-mail dated X, Dr. X wrote, "The reason for the denial is wrong. The X is primarily being treated for X, and X. In addition, X does not require a "X" diagnosis, and in fact it could be construed as X and policy to wait till X become X before X. X meets criteria for X by X and X. There is X in the literature that X treatment is X than X treatment. The physician who called to do a peer to peer regarding this X and their concerns did not call X back when X in fact called them back, and left a request to speak to them about this matter. X therefore strongly recommend that the X proceed to X treatment as ordered." Per an appeal review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale "Per Official Disability Guidelines, "A. Symptoms/findings of X, requiring ALL of the following: I. X 2. X." Based on the provided documentation, the claimant is X with complaints of X at the X of the X and X and X to the X and X. Physical exam shows X and X. X also had X. However, there is insufficient information provided for review. There is X report of the X, which is required to X the X indications. Therefore, the request is not medically necessary and is not certified."

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

The ODG recommends X after X of X. The ODG recommends X for X and there are clinical signs and symptoms of X, X of conservative treatment, and X. The ODG does not address X for X. The medical literature recommends X for the correction of X

with X. The documentation provided indicates the X had X studies on X that showed X and X. The X is X in X followed by X and X on X. They have X and X from the most recent X despite X treatment with X. There is X. The X also has X. The symptoms are X and X. There are clinical findings of X. The X findings include X. Given the X with X of X of conservative treatment, X is supported. While not all ODG criteria are met for X, the X has X of X with X findings of X and confirmation of X, so X to be performed at the time of the supported X to maximize outcomes. Given the X with X, X is supported.

As such, X is supported as medically necessary, in my medical opinion.

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

