

Pure Resolutions LLC
Notice of Independent Review Decision

Case Number: X

Date of Notice: X

Pure Resolutions LLC
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Notice of Independent Review Decision

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X with a date of injury X. X was X and X. As X performed these activities, X and X. X was diagnosed with X. X was seen by X, DO from X through X. On X, X presented for X regarding X. As a result, X wanted to X. Dr. X explained that X had

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X with the X including X. X asked to X in favor of X as a X for X. On X, X continued to have X. The symptoms were X. Dr. X resubmitted a request for X. In fact, X planned to request a X. On X, X presented for a follow-up of X including X. The request for X was not approved, which was helpful for X in an X. On examination, X had X and X. On X, X presented for a follow-up. Unfortunately, X was not approved for X for X, which had X and X for X. X was holding X across X. Dr. X explained that X. X already had X. X had X with X. X exhibited X. The next level of care would include X; however, X showed X at the time. Dr. X explained that there was X. Treatment to date included X. Per an Adverse Determination letter dated X, the request for X was denied by X, DO. Rationale: "There is a discrepancy of information as there was mention that previous X reportedly have X, but yet there is mention in the treatment plan to X and according to the guideline criteria, X are only recommended if there is evidence of X. There was also no documentation detailing X. Also, according to the guidelines, X are not recommended based on a lack of X. Therefore, this request is non-certified." Per a Peer Review report dated X, the request for X was denied by Dr. X. Rationale: "There was no X listed to correlate with X, this would not support X. Also, according to the guideline criteria, X are only recommended if there is X and this was not documented for this X. There was also no documentation detailing X. Also, according to the guidelines, X are not recommended based on X. Therefore, this request is non-certified. Thus, request for X is not medically necessary." Per an Adverse Determination letter dated X, the request for X was denied by X, DO. Rationale: "It was noted in X the last X did not X and X did not X, so there is no indication to repeat this. X saw X PCP in X who made no mention of X, noted X. Dr. X saw X in X, noted X had X. X are not confirmed and the most recent exam of X. X is not supported, as the result of X would determine if X is even needed. Finally, ODG does not recommend X in general X to verify their X."

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

I would agree with the previous denials of the request- X - as X are not met per ODG requirements. The X are lacking to support the treatment request. In this case, X was

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provided X with X, so the request for X would not be supported, as there was X. In addition, ODG does not recommend X in general X to verify their X.

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