

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

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 who was injured on X. X was X on X and injured X. The diagnosis was X. On X, X was evaluated by X, MD for complaints of X. A X was administered. On X, X presented to Dr. X for follow up of X and X and reported X. X stated X in the X was X. X was X for X. X was X at X and X. X had greater than X. X felt X, although X had at least X from the X, X the prior X, and it lasted X. X was able to X, X, X, but the X had started to X. The X was described as X and X. X was X. X stated the X was X, made X by X and X by X. X had not had X except for X in the X on the X. X had been X, but it was X. X had X. X had X of X, X the previous X. X had an X of the X and X. X

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of the X was X. The assessment was X and X. Per a X dated X by Dr. X, X was allowed to X as of X with X that were expected to X. The X were X. X must X at X. X were specific to the X. X X more than X. An X of the X dated X revealed X were X. A segment of the X was X on the basis of X and X. This was X at X through X. The X seemed to be X at these X and presumably at least X. There was X within the X at the X based on X alone. In the absence of X on the X, this was most likely X as opposed to X or X. There was X indicated by X. An X of the X dated X revealed suspected X. There was X and X. There were X of the X with X and X near its X and X. There was X of the X with some X within the X, X in X. There were X of the X of the X. An X of the X dated X revealed X of X. There was no basis for X or X. There was X of the X primarily on the basis of X. X and X of the X contributed to X of the X and X without X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The ODG supports X of X when there is X, and there is documentation at least X of X, including X. In this case, the claimant has X. There is X performed for the X to determine if X has X or other X. The claimant has not X at least X of X. There is no evidence of X at the X requested. Consequently, presently, medical necessity is not established in accordance with current evidence-based guidelines." Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: The requested X were not medically necessary. "Per ODG, "Recommended prior to considering X ... X may X to X, only to be considered for X." In this case, there is X. X is suggestive of X. X is proposed due to X. However, the preauthorization request form includes X corresponding to X. Although X may be reasonable for X, X is unnecessary to X and could X of the X. Therefore, the request for X is non-authorized." The request for X was a component of the above request. "X are X. However, the X are not shown to be medically necessary. Therefore, the request for the X is non-authorized."

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

Given the medical information submitted, the request is not supported as medically necessary. ODG supports X when there is X, and there is documentation at

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least X of X. Per the X records, the claimant has X, but there is no X evidence of X performed for the X to determine if X has X or other X and there is not evidence the claimant has X at X of X.

Medical necessity is not established for the requests of 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