

# Pure Resolutions LLC

An Independent Review Organization

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## *Notice of Independent Review Decision*

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who sustained an injury on X. At X. The diagnoses included X. X was seen by X, DO on X for X. X pain had X. X had X. Those were X. X got excellent X. X stated that X wanted to go forth of it as soon as possible. X felt the X. They were able to get X. X was on a X. X substituted the X. On examination, were X. In the meantime, X was satisfactory. X was under the X. X affect was improving as X was looking forward to X was X. On X, X reported that X had X. X continued to have X. Unfortunately, X. X was taking X. The combination had X. X had marked X. X affect had improved accordingly. X was looking forward X. X was satisfactory. X online X. An X on X demonstrated X. X of the X on X showed X. Treatment to date included medications X. Per adverse determination by X, DO on X, the request for X.

Rationale: "The request is for X. ODG guidelines conditionally recommend X for the treatment of X. There should be documentation of a X. This individual has X. X has responded favorably to X in the past and X. It should be noted that X with any X. The medication that is intended to be X, There should also be documentation that X. X required documentation of at X. Without X. As such, the medical necessity of the requested treatment is not established. The request for X. Per adverse determination by X, DO on X, the request for X: "The request is for X. ODG guidelines conditionally recommend X. X has responded favorably to X. Guidelines require documentation of X. The medication intended to X. There is also no evidence of X. Additionally, X require documentation of at least X. This is not documented in the current submitted clinical records. As such, the medical necessity of the requested treatment is not established. The request for X. Per an appeal adverse determination by X, MD on X, the request for X. Rationale: "The request !s for X. Guidelines recommend the use of X. Progress note from X, MD

on X identified X with X. Medical records do not X. Also, no indication of at least X. Finally, guidelines do not recommend X. As such, the medical necessity of the requested treatment is not established. The request X.”

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

The request for X. The guidelines recommend the use of X. The records X. X would agree with the previous denial as no X.

Given the documentation available, the requested service(s)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

