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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 when X. The diagnosis was X. An office visit by X, X, dated X was documented. X continued to have X. Also, X was X with X. X stated X would be scheduled for X. X also would see a specialist for X soon. X stated X could not take the X because it was X. X took X and X as needed. On examination, the X showed X and X. The X showed X and X. The assessment was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X of the X between X and X was denied by X, MD with the following rationale: "This request is not warranted. The requesting provider has failed to submit any updated clinical information. The most recent reporting was from X and did not demonstrate any notable X findings that would support a X. X present complaints and findings were not disclosed and X regulations do not allow for information requests. Therefore, the request for X is non-certified." Per an appeal letter by X, dated X, the X had requested X of the X because there was

an X. This detailed and varied X would provide the X with information not available by other tests. The X of X was reasonable and consistent with the Official Disability Guidelines (ODG). Therefore, the X of the X should be determined medically necessary for X to reach X (X). Per an appeal review adverse determination letter dated X, the prior denial was upheld by X, MD with the following rationale: "According to the submitted records, the X was being treated for X. The provider is requesting certification for X for a second time, as the first request was non-certified in review X on X. This non-certification was based on the fact that the use of this type of X is not congruent with guideline recommendations. The provider submitted an appeal letter on X states that X would provide the doctor with information not available by other tests. Other than the previously mentioned information, no additional clinical findings to support the need for this care were made available with this review. The provider is appealing the prior determination at this time. Regarding X of the X, the Official Disability Guidelines state it is recommended following X to the X, with or without X, or X. Based upon a review of the submitted records, the prior non-certification appears to have been appropriate. The most recent progress note was dated X. Without recent clinical findings, X cannot be authorized. Given there is insufficient scientific evidence and guideline support for this procedure for the treatment of X, the requested appeal for X is non-certified."

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

The request is for X. Medical records were reviewed. X has reported X, at times X. The claimant is noted to have X and has X and X. The records note X was referred for X previously, but could not finish due to X.

Given X has completed X and X since the injury has passed and given the documentation available, the requested service(s) is considered medically necessary.

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