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**An Independent Review Organization**  
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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 who was injured on X. The mechanism of injury was X. The diagnosis was X. A Follow up note dated X was completed by X, DO and it was documented that X was being treated for X. X most recent X was reviewed. There was X. X had X. No X was noted. That day X reported X. X was recommended to X. X at X and X in the X were recommended. X was taking X. X, X were discussed. In meantime, X was X. X showed X. X was recommended as X. X wanted to X as X. X was explained that X would be used followed by a X. This was for X. Per a follow up note dated X by Dr. X, X continued to X. X was sent for X evaluation and X. Continued X in conjunction with X. X were X. This included X in the morning, X at X, and X. X were X. X was X. X online X assessment continued to show X. An X of the X dated X revealed X.

There was X. No X in the X was noted. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "There are X. There is X. The request for X." Per a reconsideration review dated X by X, MD the request for X. Rationale: "Per this review, the injured worker has X. The injured worker is noted to X. The injured worker was X. X from the X. Hence, this appeal X."

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

Based on the records provided, the claimant had X. However, the claimant returned with X. There were X.

After thorough review of the submitted documentation, including 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