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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

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. When working as a X. The X. X noted a X. Later that evening, X. The diagnosis was X.

X was evaluated by X, DO on X for a follow-up. X presented for further care of X. Dr. X stated X. At the time, X. At the time, X had X. X had X. X were X. X had X. X used X. Dr. X stated they did X. X was satisfactory. X was receiving X. Dr. X further stated X. This was X, this was not X. On X, X was seen by Dr. X for a follow-up. Dr. X stated that while X responded favorably to X. This was a X. Evidence- X. Dr. X stated X. X continued to have X. X needed X. The Texas Medical Board supported X. Furthermore, X had X. These were X. Furthermore, interventions such as X. Dr. X stated that as a result, they were going to have to X. X was already X. Furthermore, the doctor who X. If they wanted to cite a X. Did they want X to use

an X? Dr. X asked for some direction. As a result, they were going to have to resubmit, and X would come back again in one month's time. In the meantime, X. X was receiving this X from Dr. X office only. Continued X. X intake X. X was evaluated by Dr. X on X for a follow-up visit. X presented for continued care regarding X. X was eagerly waiting to go ahead with X. X had X. Dr. X stated X had responded favorably to X. X was consistent with X. X were X at the time. X had X. X was requiring X. X had X. Dr. X stated X. Hopefully, this would be approved X. X most notable spots were in the X.

X dated X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Per Official Disability Guidelines, not recommended for X." There are no documented extenuating circumstances to support an exception to the guidelines regarding the recommended indications X. Therefore, the request for X."

Per a reconsideration review adverse determination letter dated X, MD, the appeal request for X. Rationale "Regarding the request for X. Within the documentation provided for review, the injured worker has X. X exam revealed X. The MD provider noted that the injured worker has X. The MD provider also noted that the injured worker has X. X exam findings revealed X. However, the specific X. Given an inability to have a discussion with the requesting provider, to perhaps agree to a X."

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

On review of the medical documentation provided for review, the injured worker has X. X exam revealed X. The MD provider noted that the injured worker has X. The MD provider also noted that the injured worker has X. X exam findings revealed X. However, the specific number of X. There is X. There is a X. Additionally, the current request is X. Therefore, the request for 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)