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 with date of injury X. X sustained X. X reported X had been X. X was X. As X got X. X continued to X. Diagnoses consisted of X. On X and X, X was seen by X for a X. On X, X presented for X. X reported X felt X. The X was X. X was X. X was X. X was following the treatment plan, which was X. X had X, but they had requested X, but it had been X. The examination remained X. On X, X reported X felt X. X had not had X. X was X. X had X. The X was X. X was following the treatment plan, but X. X had been X and X. X had X. The examination was X. Per a visit dated X by X, the examination revealed X. On X, X presented to X for a re-evaluation of injury. X reported X felt X. The X was X. X was X. The X was X and X. X was X. X had X, but it had X. The examination remained X. An X of the X dated X showed X. The treatment to date consisted of X. Per a Utilization Review decision letter dated X, the request for X was denied by X Rationale: “The Official Disability Guidelines, X,

and X chapter, supports X. It was unclear the X. No physical examination has been performed or, the injured employee since X. Absent a current thorough, physical examination this request for X is not certified." Per an Adverse Determination letter dated X, the request for X was non-certified by X. Rationale: "Regarding the request for X, according to the Official Disability guidelines, the claimant was not considered a candidate for X. The information provided for the review did not include X. With no updated assessment provided for the review to determine the extent of the ho claimant's condition, the medical necessity of the request cannot be established, Additionally, without confirmation that the claimant was displaying only signs and symptoms of X, the claimant was not considered a suitable candidate for X. There was also no reference to the claimant being recommended for X should ho have a X. As such, in accordance with the previous denial, the request for X is non-certified."

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

The request for X was reviewed. X would agree with the prior reviews. The last documented clinical examination was performed X. X reported a X not X. The examination was marked as X.

Given the documentation available, the requested service(s) for X is considered not 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