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***Notice of Independent Review Decision***

**REVIEWER REPORT**

**Date:** X

**IRO CASE #:** X

**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:

- Overturned          Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                  Agree

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

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X reported that the work-related injury had happened at

X. X was in X. X went over, and X attacked X and began to X. X injured the neck, shoulder, and elbow. The diagnoses were (M54.12) radiculopathy, cervical region; pain of right shoulder joint, right elbow joint, pain in right arm, myalgia of auxiliary muscles, head and neck; myalgia, other site; migraine without aura, not intractable, without status migrainosus and cervical postlaminectomy syndrome.

On X, X was evaluated by X, MD, for the chief complaint of neck and shoulder pain. X pain was chronic, constant, and progressively worsening. X also suffered from X. The X were a result of and aggravated by the pain in the neck caused by X original injury. The neck and shoulder pain had caused tension in the X. At the time, X presented for follow-up regarding posterior neck, shoulder, and back pain. X had no new complaints at the time. X stated the neurology specialist had suggested getting the X. X stopped the X due to it causing X. The ongoing pain level was X, worst pain level with medication N/A/X, worst pain level without medications was X, percentage of pain relief with medications was X. An MRI of the cervical spine dated X revealed X. There was X. There was X. On examination, weight was 213 pounds and body mass index (BMI) was 33.4 kg/m<sup>2</sup>. Physical examination revealed X. Mental status showed a X. Musculoskeletal examination revealed X. X and X were X. Cervical spine showed X noted on the X. X were X, and X. X showed X. Lumbar / lumbosacral spine showed X. They discussed benefits, risks and alternatives to X. X was seen by neurosurgery, who recommended X. They also recommended proceeding with X. A psychological evaluation would be completed prior to completion of trial. On X, X was seen by X, PhD, for behavioral health surgical evaluation. X was referred for a X. At the time, X reported pain as X; worst as X and average pain was X. X reported pain was present X of the day. X reported mild to moderate functional limitations in a number of areas. Due to pain, X was unable to engage in physical without aggravating pain; at the time, X was exercising. X reported X was exercising X days per week, doing X. X reported the pain did not cause low mood. X reported pain did not cause withdrawal from social interaction. X did believe that active participation would help the recovery process. X claimed lifestyle had changed since living with chronic pain. X did not believe that the pain was harmful or potentially disabling. X reported being injured on X; X reported the work-related injury happened at X. X was in X. X went over, and X. X injured X neck, shoulder, and elbow. X was X. At the time, X had no physical limitations. X reported receiving the following treatment interventions: X. X had begun to have X. X did not report previous assessment or treatment for mental

health purposes. X did not report previous X. At the time, X was not seeing a X. X had not been X. X did not report X. X did not report a X. X did not report a history of X. X did not report history of X. X did not report history of X. X denied ever being diagnosed with a X. X had never participated in X. X had never been to X. X denied ever experiencing X. X took X for sleep and muscle tightness. X took X for nerve pain. X did not demonstrate and/or complain of X. Psychiatric examination revealed X. Behavior was X. Mood was X. The effects was X. Thought processes showed associations were logical, attention span was normal throughout interview, and concentration was intact. Thought content showed X. Neurological system revealed X was oriented to time, place, person, and situation. Immediate recall and remote memory was intact, and X had no word retrieval difficulty. X had a broad fund of knowledge and average vocabulary. Speech was articulate and coherent, normal volume, and language was appropriate for education level. It was assessed that X reflected a low number of psychological prognostic indicators to the X. At the time, X appeared to be a good candidate from a X. Psychological factors were just one part of the decision-making process when considering X. Based on this evaluation, X prognostic outcome for the X. X was cleared to undergo the X. On X, X was evaluated by X, FNP / Dr. X, for follow-up visit for chief complaint of neck and shoulder pain. X presented in the clinic for ongoing evaluation and treatment of chronic pain. No new symptoms were reported. No red flag symptoms were reported. X reported overall stability on the ongoing pain regimen. X eagerly awaited X. X reported the ongoing pain level was X, worst pain level without medications X, percentage of pain relief with medications was X. Physical examination revealed X was in no acute distress. X ambulated without assistance. Musculoskeletal examination revealed X. X was X. Cervical spine showed positive X. X were X. X showed X. On assessment, the treatment plan of X.

An MRI of the cervical spine dated X showed prior effusion at X. No X was present. The X. Severe left X was noted at X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale for denial of X: "As per Official Disability Guidelines, X, "For X. In addition, the significant mobility of the X." According to documentation reviewed, that the patient presented for behavioral health surgical evaluation. The

patient begun to have headache again. The patient reported taking medications decreases pain and increase ability to function. The patient was diagnosed with Chronic pain syndrome. The prior treatment include X. The patient had surgery on X. The MRI of cervical spine showed X. X. The spinal cord is X. Severe left X. In this case, X. There are no documented extenuating circumstances to support an exception to the guidelines. Therefore, the request is not certified.” For X, Rationale: “As per Official Disability Guidelines, X, "For X. in addition, the significant mobility of the X." According to documentation reviewed, that the patient presented for behavioral health surgical evaluation. The patient begun to have headache again. The patient reported taking medications decreases pain and increase ability to function. The patient was diagnosed with Chronic pain syndrome. The prior treatment X. The patient had surgery on X. The MRI of cervical spine showed X. X. The spinal cord is X. Severe left X. In this case, failed X. There are no documented extenuating circumstances to support an exception to the guidelines. Therefore, the request is not certified.”

Per an undated Letter of Medical Necessity, Dr X wrote, “X. X has been a patient of X. X has been suffering from neck pain with radiating symptoms down the right and left arms. X right arm is worse. X had cervical spine surgery in X and X. X also had X. Patient continues with chronic pain and the neck, right shoulder, and right elbow. X has attempted several forms of conservative treatment such as medication management for pain, X. This patient has also undergone several forms of procedural treatments such X. Lastly, X has attempted X. Currently, X is X only option and is a last resort. X does not wish to proceed with any X. I am hopeful that X radicular symptoms and neck pain will benefit from the X.”

Per a reconsideration review adverse determination letter / peer clinical review report, dated X by X, MD, the appeal request for X was denied. Rationale: “The provider has not provided any new clinical findings or compelling information to support overturning the prior non-certification. Per the available documents the claimant experiences X. X indicated X pain relief with X current medication regimen. Given this, medical necessity for an X has not been demonstrated. Additionally, ODG does not support or recommend X. The provider has not provided any compelling information to justify this request and deviate from current standard medical practices. Therefore, the appeal request is recommended noncertified.

According to documentation reviewed, that the patient presented for behavioral health surgical evaluation. The patient begun to have headache again. The patient reported taking medications decreases pain and increase ability to function. The patient was diagnosed with Chronic pain syndrome. The prior treatment include X. The patient had X. The MRI of cervical spine showed X. X. The X is X. Severe left X. In this case, X. The claimant indicated X pain relief with X current medication regimen. Given this, medical necessity for an X has not been demonstrated. Additionally, ODG does not support or recommend X. The provider has not provided any compelling information to justify this request and deviate from current standard medical practices.

Based on the submitted medical records, there is no rationale or significant medical documentation which would overturn the previous denial.  
X is not medically necessary and non certified.

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

According to documentation reviewed, that the patient presented for behavioral health surgical evaluation. The patient begun to have headache again. The patient reported taking medications decreases pain and increase ability to function. The patient was diagnosed with Chronic pain syndrome. The prior treatment include X. The patient had X. The MRI of cervical spine showed X. X. The X is X. Severe left X. In this case, X. The claimant indicated X pain relief with X current medication regimen. Given this, medical necessity for an X. Additionally, ODG does not support or recommend X. The provider has not provided any compelling information to justify this request and deviate from current standard medical practices.

Based on the submitted medical records, there is no rationale or significant medical documentation which would overturn the previous denial.  
X is not medically necessary and non certified.

Upheld

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE