

**Pure Resolutions LLC**  
***Notice of Independent Review Decision***

**Pure Resolutions LLC**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

**IRO 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

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

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X during work hours when X. On X, X had an X. The diagnoses were unspecified fracture of X vertebra, sequela; unspecified fracture of X vertebra, sequela; unspecified fracture of X vertebra, sequela; cervicgia; pain in thoracic spine; low back pain, unspecified; strain of muscle, fascia, and tendon of lower back; unspecified displaced fracture of second cervical vertebra; and fusion of spine cervical region.

On X, X presented to X, DO, for evaluation of neck pain. X presented with X. On X, X had an X by Dr. X. X reported X. X reported being unable to open the mouth and had difficulty swallowing. X reported stiffness and thoracic spine fractures at X. X reported low back pain with moderate stiffness which usually dissipated after a few hours of movement. X reported a pain level of X in the bilateral lower back, arm, neck, and shoulder and described it as uncomfortable, numbness, electrical, aching, stiff, and moderate to severe. It was present since X months and was constant. The pain was aggravated by position change and prolonged nonmovement. It was alleviated by cold, heat, and rest. X had X. The neck pain and left arm pain levels were a X. X had a history of left clavicle fracture. Spine examination was X. Inspection showed tenderness to palpation over the neck, and movements limited due to pain postoperatively. Imaging studies from X were reviewed as follows: MRI of the head from X. MRI of the cervical spine dated X revealed X. MRI of the

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thoracic spine dated X showed X. X-rays of the cervical spine from X revealed X noted. X-rays of the thoracic spine from X revealed X noted. X-rays of the lumbar spine revealed X; X. The diagnoses were unspecified fracture of X vertebra, sequela; unspecified fracture of X vertebra, sequela; unspecified fracture of X vertebra, sequela; cervicalgia; pain in thoracic spine; low back pain, unspecified; strain of muscle, fascia, and tendon of lower back; unspecified displaced fracture of second cervical vertebra; and fusion of spine cervical region. It was assessed that X presented with neck pain with X. The neck disability index score was X.

X-rays of the cervical spine from X revealed X noted. X-rays of the thoracic spine from X revealed X noted. X-rays of the lumbar spine revealed X; X. In the office visit dated X, imaging studies from X were reviewed as follows: MRI of the head from X identified X. MRI of the cervical spine dated X revealed X. MRI of the thoracic spine dated X showed X.

Treatment to date included medications X.

No utilization reviews / peer reviews regarding the denial of the requested services were available for review.

The request for X is not recommended as medically necessary. The initial denial is not submitted for review. The appeal denial is not submitted for review. The submitted clinical record consists of a single office visit note. There are no prior diagnostic studies submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no serial treatment records submitted for review. There do not appear to be red

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flag findings on the physical examination provided. Gait is normal. Deep tendon reflexes are X throughout. Strength is X throughout. Straight leg raising is negative. Sensation is intact throughout. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X are not medically necessary and non-certified

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

The request for X is not recommended as medically necessary. The initial denial is not submitted for review. The appeal denial is not submitted for review. The submitted clinical record consists of a single office visit note. There are no prior diagnostic studies submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no serial treatment records submitted for review. There do not appear to be red flag findings on the physical examination provided. Gait is normal. Deep tendon reflexes are X throughout. Strength is X throughout. Straight leg raising is negative. Sensation is intact throughout. Therefore, medical necessity is not established in accordance with current evidence based guidelines. MRI without contrast cervical spine, X are not medically necessary and non-certified

Upheld

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**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