

# IMED, INC.

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11/21/2018 and 11/28/2018

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XXXX**

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD, Board Certified PM&R

## **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a XXXX. The claimant had been followed for chronic XX XX pain status post multiple XX XX procedures. The claimant did have a XX XX XX implant. The claimant had a history of XX medication use. The XXXX clinical report noted ongoing chronic XX XX pain. The claimant denied any side effects with XX use. The physical exam was non-XX. The claimant was continued on XXXX. The report noted consistent XX XX XX results through XX. No risk assessments were provided.

The XXXX in question was denied by utilization due to the limited findings regarding this XX XX.

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

The claimant has been maintained on XX XX XX as of XXXX. The claimant was staking a XX amount of XXXX as of XXXX with the XX XX the XX recommended by current evidence-based guidelines. The XXXX evaluation provided for review did not clearly document the efficacy of XXXX in terms of pain XX or functional improvement. There was also no

documentation regarding risk assessments for XX XX XX use as recommended by current evidence-based guidelines. Therefore, it is this reviewer's opinion that medical necessity is not established, and the prior denials are upheld.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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