

IMED, INC.

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[Date notice sent to all parties]:

01/30/2019 and 1-31-2019 and

02/05/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX XX at XX-XX

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

Board Certified Orthopedics

REVIEW OUTCOME:

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

X 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]: This claimant has a XX-year history of pain and XX in the XX, the XX and the extremities. XX original injury was being XX. XX has been treated for XX and pain. XX history includes previous XX steroid injections that reduced XX pain levels. XX current medications include XX for XX, XX for XX, and XX for pain. A recent dictation from XX requests re-consideration of a denial for treatment with XX XX XX. The doctor notes a diagnosis of XX shock.

The first dictation from XX on XX noted XX and XX reflexes, strength and sensation in the XX XX and XX extremities. The claimant did complain of burning in the XX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The requested procedure is non-certified as not complying with ODG recommendations for epidural injections. In addition, the current diagnosis is clouded as XX has been treated for XX pain and the diagnosis by XX is now XX shock. Therefore the medical necessity for XX XX XX at XX-XX is not established. In addition, the procedure is not certified due to not meeting treatment guidelines for the new diagnosis of XX shock. XX is accurate in stating that this diagnosis is a clinical finding that is not verified by MRI studies. However, this diagnosis has specific clinical features including early loss of XX followed by XX-XX. XX original examination by XX found none of the objective physical findings that would be expected in XX shock. XX previous injections for XX pain were also marginally indicated due to the risk factors. XX subjective complaints apparently improved with a previous epidural injection. However, this factor does not rise to the level of criteria established by ODG for this dangerous procedure. This XX is under treatment for XX, XX is a XX XX, and XX is a XX pain patient taking XX. These XX mitigate against consideration of a dangerous procedure that has marginal expectations of success.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG documentation

XX