

IMED, INC.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Cover sheet and working documents

IRO request details X

Request form X

Notification of adverse determination X

Reconsideration review X

Notice to IMED of case assignment X

Clinical note X

MRI X

Clinical note X

Progress note X

Laboratory report X

Progress note X

Clinical note X

MRI X

Clinical note X

Letter to whom it may concern X

Clinical note X

CTO needle placement X

Independent medical evaluation X

Clinical note X

Pre-operative history and physical X

Clinical note X

Clinical note X

Clinical note X

Clinical note X

X 2 views X

MRI X

X complete diagnostic report X

Emergency department record X

Emergency physician record X

Physician orders X

Normal ECG X

Physician orders X

General laboratory requisition X
Prescriptions X
Clinical note X
Consultation note X
Progress record X
Progress notes X
Anesthesia record X
Operative/procedure note X
Clinical note X
MRI X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Hospital records X
Diagnostic radiology report undated X
Notice regarding disclosures to employers X
Consent for treatment X
Conditions for services X
Directory opt out form X
Notice of privacy practices acknowledgement X
Notice of privacy practices acknowledgement X
Notice of privacy practices acknowledgement X
Notice of privacy practices acknowledgement X
Notice of privacy practices acknowledgement X
Notice of privacy practices acknowledgement X
Notice of privacy practices acknowledgement X
Patient face sheet X
MRI X
Clinical note X
Texas Workers' Compensation work status report X
Clinical note X
Orthopedic surgery note X
Clinical note X
Clinical note X
Clinical note X
Texas Workers' Compensation work status report X
Clinical note X
Texas Workers' Compensation work status report X
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Texas Workers' Compensation work status report X
Clinical note X
Texas Workers' Compensation work status report X
Clinical note X
Clinical note X
Clinical note X
Independent medical evaluation X
Clinical note X
Texas Workers' Compensation work status report X
Clinical note X
Clinical note X
Peer review X
Independent medical examination X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
MRI X
Clinical note X
Clinical note X
Independent medical evaluation X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Clinical note X
Independent medical evaluation X
Progress note X
MRI X
Progress note X
Procedure note X
Progress note X
Progress note X
Progress note X
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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX year old XX whose date of injury is XX. The patient injured XX secondary to XX. The patient underwent on X followed by removal of X X and X of the X and X at X on X. The patient is status X (XLIF) and a staged posterior X on X. MRI of the X dated X revealed X and X with adequate capacity in the X and X and no enhancing ; X changes X with moderate . Findings are unchanged. Office visit note dated X indicates that the patient does not have any X X symptoms and has not had any for the last X months. Office visit note dated X indicates that XX is doing quite well and was very functional. XX had primarily X, but XX has suddenly developed XX without any history of X. XX exercises regularly and remains very active. MRI of the X dated X revealed at X with X is noted. There is XX and X with moderate X. Office visit note dated X indicates that XX dealt primarily with X, but XX has suddenly developed X without any history of X. It remains intermittent and is changes from X. On this date it is X. X symptoms are escalated once again with a X along the X and the X along the X, X and X. XX exercises regularly and remains very active. Current medications are X, X, and X and X cream. On physical examination XX can bend X. There is pain with X. X and X test are X. X is X in the X. X reflexes are X, X. There is X. X is positive. Assessment notes X, status, X. Progress report dated X indicates that the use of a X helped improve some of the symptoms. Physical examination is X. The initial request was non-certified noting that the actual MRI report was not attached for review.

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

Based on the clinical information provided, the request for XX steroid injection with selective XX is not recommended as medically necessary, and the previous denials

are upheld. The Official Disability Guidelines require documentation of X on physical examination corroborated by imaging studies and/or X results. The submitted X MRI fails to document significant X at the requested level. Additionally, there is no documentation of any recent active treatment since the patient's reported. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

Official Disability Guidelines Treatment Index, 24th edition online, 2019-XXChapter updated 05/10/19

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