

## IRO NOTICE OF DECISION TEMPLATE – WC

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

The patient is a X whose date of injury is X. The patient was X. X of the X revealed at X. Peer review dated X indicates that based on the mechanism of injury as described as well as the subjective complaints and objective findings the extent of the compensable injury is a X. Office visit note dated X indicates that the patient presents with chief complaint of X pain. The patient received a X sometime around X. X states the procedure did help. X completed about X sometime around X which helped. X is rated as X with occasional X. On physical examination X. Sensation is intact in the X. X is limited and painful in X. X is within normal limits. X is limited and painful at X. X. Impression notes X. Office visit note dated X indicates that X is not currently in a X. X has continued X. The patient rates X pain as X currently with occasional X. Physical examination is unchanged. The initial request was non-certified noting that based on the X peer review by X, the Carrier limits the extent to be a X. Peer review report dated X indicates that in this case the medical records provided for review did not document physical examination findings consistent with X pain and with the claimant having reported X which ODG indicates contraindicates X, the request would not be supported.

#### **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 X is not recommended as medically necessary, and the previous denials are upheld. The submitted clinical records indicate that the patient received a X in approximately X; however, there is no specific information provided regarding this procedure including the X and patient response. Peer review dated X indicates that based on the mechanism of injury as described as well as the subjective complaints and objective findings the extent of the compensable

injury is a X. 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:**

**Official Disability Guidelines Treatment Index, 24th edition online,**