
IMED, INC.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Cover sheet and working documents

Utilization review determination X

Utilization review determination X

Request for review by independent review organization X

Independent review details X

Notice of case assignment X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. On this date X. The initial request for X was non-certified noting that per evidence based-guidelines, diagnostic X are recommended to determine the level of X pain in cases where diagnostic imaging is ambiguous; to evaluate a X pain X when physical signs and symptoms differ from that found on imaging studies. In this case, upon examination of the X were poor. X were diminished in the X. X was positive on the X. However, there were insufficient quantifiable objective findings to support the request currently. Exceptional factors were not clearly identified. The denial was upheld on appeal noting that objective findings presented could not establish X to warrant the current request. Exceptional factors were not identified. Thus, the current request is not supported.

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

Based on the information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There are no clinical records submitted for review. The submitted information consists of the prior denials. There are no office visit notes submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There are no imaging studies/electrodiagnostic

results submitted for review. 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 ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES