

# IMED, INC.

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## Notice of Independent Review Decision

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

X

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

MD, Board Certified X

### REVIEW OUTCOME:

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

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is X whose date of injury is X. The patient was X. The patient was seen on X complaining of X. MRI dated X noted X. X MRI dated X noted X. Since the date of injury, the patient has X. Daily note dated X indicates that X. Progress note dated X indicates diagnoses X. Follow up note dated X indicates that X. Since X, X pain is X. X pain is X. X has X with X. X gets X. X has X. On physical examination X shows X. There is X with X. X is X. There is X to X. X shows X. X is X. X are X to the X. Follow up note dated X indicates that the patient presents for X. X has had X, per this note. X states X has stopped X and noticed X. Most of the X is X. On exam X has X. X has X. There is some X. Assessment notes X.

### 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 X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that ODG supports X. Previous X has X. However, X have X which X. Additionally, it is unclear why the patient cannot X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. The denial was upheld on appeal noting that X has X for X recommended in the guidelines. X should X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld and not deemed medically necessary. The submitted clinical records document X. The request for X would continue to X. X, exceptional factors should be noted. There are no exceptional factors of X documented. The patient has X and should X.

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

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED

MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES