

**IMED, INC.**

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**IRO REVIEWER REPORT**

X

**IRO CASE #:**

X

**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

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]:**

The patient is a X whose date of injury is X. X. The patient is X. X plan of care dated X states that the patient had X. The patient reports X. X evaluation dated X reports that the patient X. The patient was X. The patient's pre-injury targeted position is categorized in the X. Encounter summary dated X states that the patient's chief complaint is X. Medications included X. Pain is rated as X. Treatment to date includes X. On X examination X is X. X is X. X are X. X is X. X test, X test, X test, X. Assessment; X pain. The patient was recommended for X.

The initial request was non-certified noting that as noted in the Official Disability Guidelines, X is an X. Understanding that this is an X. Therefore, when combining the X, tempered by the X noted in the ODG, this is not clinically indicated. The denial was upheld on appeal noting that the Official Disability Guidelines would X and the current request exceeds guideline recommendations. The patient's required X; however, the patient's current X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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

Given the current clinical data, the request for X is not medically necessary, and the previous denials are upheld. The Official Disability Guidelines report that X. Given the patient's body habitus and inability to progress beyond the X. Additionally, the Official Disability Guidelines state that up to X is supported and the request for X. Therefore, it is my opinion that the request is not medically necessary.

**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**