

IMED, INC.

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IRO REVIEWER REPORT

[Date notice sent to all parties]:

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 X. The patient was working as X when X was X. X initial evaluation X indicates that X reports X and X. X was X. MRI of the X revealed at the X present. No X. At the X present. No evidence of X. At the X. No X. On X was seen for X. Office visit note X indicates that the patient presents for X. The patient states that X. X are listed X. On X. There is X. There is X. Assessment notes other X.

The initial request was non-certified noting that X does not support X when there is X. The X has X. The denial was upheld on appeal noting that X has X MRI to X. Therefore, the prior denial is upheld.

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 request for a X which note that no more than X should be X. Additionally, the patient's X to establish the X. Therefore, medical necessity is not established in accordance with current 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