

**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. The mechanism of injury is described as X. The patient was seen and diagnosed with X. Treatment to date includes X. MRI of the X dated X revealed at X. At X there is a X. At X. At X. At X. Office visit note dated X indicates that the patient was recommended for X. The patient states X. On physical examination 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 for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified X. The denial was upheld on appeal noting that the guidelines would not support X. There should be evidence of X. There should be X. The records note the claimant X. There is insufficient information to support a X. The submitted clinical records X as required by the Official Disability Guidelines. There is X. The Official Disability Guidelines require documentation of at X. Additionally, the request is X being requested. 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 MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**