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**IMED, INC.**

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**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is an X whose date of injury is X. The patient X. Treatment to date includes X, X in X, X, X, and X. X dated X shows X, X, X, X and X. Office visit note dated X indicates X is rated as X. X of the X dated X shows at X there is X. There is X and X. There is X. There is X with X and X. There is X and X. There is X. Office visit note dated X indicates X. Current medications include X, X, X, X. The patient is experiencing X with X and X and X and X. Pain is rated as X. Assessment notes X

due to X which is X with 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 noting that a recent X did not definitively reveal findings consistent with the presence of a X upon a X in X. There is documentation to indicate that past treatment has included an attempt at treatment in the form of X to the X. The submitted clinical documentation does not provide specifics to indicate whether this form of treatment X. The denial was upheld on appeal noting that the claimant's condition is X, dating back to X. There was a lack of documentation of recent X associated with a X that would warrant the request. In addition, a previous X that was performed X had a X of documentation of the date of the previous X, the claimant's response and how long the response was to X the request for a X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The most recent office visit note submitted for review does not contain a X. There is no documentation of recent or ongoing X. There is a gap in the treatment records from X until X. The patient's objective functional response to X is not documented. 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  
ODG Criteria**