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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:

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

X whose date of injury is X. The mechanism of injury is X.

treatment to date includes X. The patient underwent X on X.

Office visit note dated X indicates that chief complaint is X.

Patient states X has X since last visit. The patient is using X.

Patient is still in X. X is X. Current X is X. On exam there is

X. There is X. X, X. X is X. X is X. X. Assessment notes X.

X note dated X indicates X is X, X. Office visit note dated X

indicates that patient has X. No X is available. X shows X in

X. There is X. X is X. X are X. X is X. There is X, but X, X

and X. X and X. Current X are 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, "The Official Disability Guidelines (ODG) indicate that X can be utilized for X along with continued X as an alternative to X if conservative X alone has been X in X. The documentation provided indicates that the X on X, and has been utilizing X. The claimant reports subjectively X. An examination of X documented X and X. The provider has recommended X of X. X is continuing X. Based upon the documentation provided, the continued use of a X would not be supported as it is unclear if there has been documented objective X with the use of X." The denial was upheld on appeal noting that, "The Official Disability Guidelines only supports continued usage of X if there is documented objective X with its previous usage. As stated in the previous review, the supplied medical records do not indicate that there has been any objective improvement in X with the X. The appeal note dated X does not provide any additional information." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Current evidence based guidelines note that the requested X is not recommended for treatment of X. The submitted clinical records indicate that the patient has been utilizing X; however, there are no objective measures of X documented to establish X of treatment and support X outside of guideline recommendations. 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 JUDGEMENT, CLINICAL EXPERIENCE,
AND EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS**

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