

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 a X whose date of injury is X. The patient was X. MRI of the X dated X shows at X. There is X. Patient visit note dated X indicates that patient complains of X. X stated that X had previously X after X injury for X which did not change X pain. There is X or X. Current pain level is X. On X of the X there is X, X. X is X. There is X. X are X and X and X. X was X. X was X. X and X are X. X and X is X. Current medications include X, X, X and X. Assessment notes X; other X; other X; X; X. X was added to X medication X. X was recommended for X to X. X was

recommended for X. Medical records review dated X indicates that the X of the X appears to be related to a X. Office visit note dated X indicates that chief complaint is X. X exam demonstrated X and X.

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 recommended as medically necessary, and the previous denials are upheld. The initial request was denied with the rationale stating that ODG only support X if there are X that X and X. Although this claimant has complaints of X does not include any X findings to support a X. Additionally, the requesting provider states that there is X; however, the official MRI report does not include these findings. X and MRI, this request for an X is non-certified. The denial was upheld on appeal noting that the patient's X to establish the presence of X documented on MRI. Recommend upholding the previous denials. The Official Disability Guidelines note that X is conditionally recommended as a short-term treatment for X. This treatment should be administered in X. This patient's X to document a X. Also there is no documentation of recent or X. Recommend non-certification.

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