
IMED, INC.

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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:

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 claimant is a X who sustained an injury on X while X. The claimant reported X.

The claimant had been followed for X. The claimant had also reported complaints of X. Previous imaging for the X completed on X found no evidence of X. The claimant did receive X in X of X. X had included X. No X records were included for review. At the X evaluation, the claimant reported X with recent X. The physical exam noted a X sign at the X. The requested procedure was denied by utilization review due to lack of documentation regarding response to X as well as X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant had been assessed with X. Prior treatment had included X. The claimant reported X with X. There was no documentation regarding X to include X, X or X. The last evaluation from X of X did not detail any clear X at the X or X that support proceeding with X. Given these issues which do not meet guideline recommendations, it is this reviewer's opinion that medical necessity is not established and the prior denials are upheld.

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