

IMED, INC.

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IRO REVIEWER REPORT

X and 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:**

DO, Board Certified X

REVIEW OUTCOME: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X when X and was X between a X and a X. The claimant had been followed for X, X, and X. The claimant had a prior X history to include a X followed by a X. The claimant had undergone X. The claimant's X history included X, X, and X. The X evaluation noted that the claimant was using X which helped with X. No specific X exam findings were detailed. The use of X was denied by utilization review as the records did not detail response to the use of this X.

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

X is the X of X. The use of this X is common in addressing X to include X. This X is recommended by current evidence based guidelines for the treatment of X. However, the records did not include any specific information regarding X or X with the use of this X. It is unclear what the efficacy of X has been recently. The available records also did not include a formal evaluation of the claimant with specific clinical findings consistent with an X. Therefore, it is this reviewer's opinion that medical necessity is not established for X and the previous 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