

**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. X note dated X indicates X. X continues to X as X has not been able to have X. X completed X from X to X with X. X continues to X which includes X. X last underwent X of the X, X and X on X and the X. X reports X of X. X has previously had only X completed and that resulted in X. Following previous X reports that X is able to go for X and X. Current X include X, X, X, X. X reportedly had some relief following X. On exam there is X in the X at

the X. X is X. There is X with X and 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, and X, X, then X is not recommended as medically necessary, and the previous denials are upheld. Prior request was non-certified noting that there is no evidence of X from prior procedures such as a X in X, X or an X. Furthermore, the treatment plan includes X but no report of a X to X from these treatments has been documented. The Official Disability Guidelines require to support an evidence-based X and X/X should be X during any X. The denial was upheld on appeal noting that the X from X. The records do not demonstrate evidence of a X in X use or X such as an X. An X should be established. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There are X following prior X, X of X and X. Additionally, the Official Disability Guidelines note that no more than X/X should be X during any X. There is no documentation of X in X with the requested procedure. 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 by MCG**