

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 patient is a X whose date of injury is X. X clinic note dated X indicates X. X continues to X as X has 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 on X. X reports X of X. X has previously had X and that resulted in X. Following previous X reports that X is X and X. Current medications include X, X, X, X. X reportedly had

some X. On exam there is 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, 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 in X or an X. Furthermore, the X 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 no more than X should be X during any X. The denial was upheld on appeal noting that the X is from X. The records do not demonstrate evidence of a X or X such as X. An X should be established. There is insufficient information to support a change in X, and the previous non-certifications are upheld. There are no X following prior X with X, 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 ongoing X in X with the requested X. 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 (www.mcg.com/odg), X.**