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**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:**

X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. On this date X. According to evaluation dated X by X, DC, the patient described symptoms in X. X described current symptoms in X. X described current symptoms in X. X described X current symptoms in X. X rates pain as X. X estimates to have made an X. Patient had X. On examination of the X. X Evaluation dated X by X, X revealed that the patient continued to report X. X scored X. This score indicates a X. X scored X on the X. This score indicates a X. X, X scored a maximum score (X) on the X portion of the assessment and a maximum score (X) on the work portion of the assessment. The patient scored X on the X. This score indicates a X. The assessment indicates X. X rated X pain as X at its X, X at its X and X on X. The patient completed the X. X

scores on the X. Two scores that were in the X. Each of these items had a score of X. The remaining scales were X. These scores are consistent with patient's current situation. X, X scores indicate X. XX. X X scores are consistent with X self-report scores. Based on the patient's history and responses to the test materials, X demonstrates symptoms of X

. Despite having X. X does not demonstrate high levels of X. There are X. There are X.

A X re-assessment dated X by X, X indicated that the patient continues to report X. X often X. X expressed X. X also expressed concerns about X. X scored X on the X and X on the X. On X, X scored a X. X rated X pain as a X. The average X. Overall, scores and ratings show X. Recommended continuation of X. X, DC evaluated the patient on X and it was noted that the patient X. X states that X. X had intermittent X. X also reports X. On X examination, X. X of X revealed X. X and X was X. X elicited a X. X Test elicited a X. X and X were X. On X examination of the X: X against X. Examination of the X. Patient has X. Per X Re-assessment report dated X, on X. This score X from X. On X, the patient scored X indicating a X. This score increased from X. It is noted that X. It may also be that the patient may have been experiencing X. On X, the patient scored a X (X) on the X and a X on the X of the assessment. X current score X from X previous score (X) for X and X from X previous score (X) for X. On X Rating Scale, the pain is rated as X on average, X at its least and X at its X. The average pain rating remained from X and X from X. X from X. The patient was referred for an assessment for a X. X has been treated with X, X, X and X. Thus far, X treatment has done little to relieve X pain but has X and X. Despite these levels of care, the patient continues to report X and has been unable to return to X. It is noted that the patient is an appropriate candidate for a X. The request is for approval for X. Per X report dated X, the patient's X demand is X. Currently, the patient is performing at a X. It is noted that the patient has participated in X. The recommendation is for a X to allow time to address the patient's continued X, X, and X while continuing to build toward X/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 between X and X

is not recommended as medically necessary and the previous denials are X. The initial request was non-certified noting that, "According to guidelines, a X should not be considered a X after X, but prior participation in a X or X does not X for entering a X if otherwise indicated. There should be more than just X to support a need for X. In this case, the patient was injured on X. The patient X in any X due to ongoing X in X. Comparing the scores of X current X to that of the X, the patient showed X, X, X and X. X or remained unchanged in the X. Given X and X, there is no support for X into another X. This request is non-certified." The X was X noting that, "There is insufficient information to support a change in determination, and the previous non-certification is upheld. Current evidence based guidelines do not typically support reenrollment in or repetition of the same or similar X. Guidelines note that X should not be used as a X after completion of X. It is unclear what significant benefit is expected given the patient's X with X. Therefore, medical necessity is not established in accordance with current evidence based guidelines." This reviewer would recommend X. The patient has completed a X. Functional X dated X indicates the patient's X. Report of X dated X that the patient's X. The Official Disability Guidelines note that, "At the conclusion and subsequently, neither X is X for the X." When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. Therefore, X on the clinical information provided, the request for X between X and X is not recommended as medically necessary

**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**

