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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:

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 was X. X dated X shows at X a X. X and X are X. The patient underwent X on X. Follow up note dated X indicates that X is X. X with X and X to X resolved. On physical examination X is X. X: X. X is X. X

are X. Follow up note dated X indicates that X is starting to come back. X is X and X. It is reported that due X, the patient will require X in the 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 is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that “There is no documented evidence of X consistent with X on physical examination, and X revealed X without evidence of X.” The denial was upheld on appeal noting that, “Objective evidence of recent symptom X associated with X was not identified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. While there are subjective reports of X following prior X, there are no objective measures of X provided to establish efficacy of treatment and support a repeat X. Additionally, the patient’s X to establish the presence of X and there is no X documented on X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**ODG by MCG (X), Evidence-Based Medical Treatment Guidelines,
X Section, X (X), updated X**