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Notice of Independent

Review Decision

IRO REVIEWER REPORT

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:** X

REVIEW OUTCOME:

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

Overturned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X due to X. The claimant was X. The claimant had initially reported shoulder pain with numbness in the ulnar distribution of the upper extremities. The claimant also reported wrist and low back pain. The claimant was initially treated with X. No prior imaging reports were included for review. No physical therapy records were included for review. The X clinical report noted continuing radicular pain in the upper extremities as well as the right lower extremity. The claimant did have a prior history of X. The physical exam noted tenderness to palpation in the cervical and lumbar regions with mild weakness present at the right triceps with reduced reflex to the right vs. the left. There was also very mild weakness at the right foot with dorsiflexion along with a decreased right Achilles reflex.

The requested X were denied by utilization review as there was limited documentation regarding non-operative measures or other significant red flags.

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

The claimant has continued to describe neck and lower back pain despite prior use of medications. The claimant did describe radiating pain into the upper extremities as well as the right lower extremity. The current physical exam did note weakness at the right triceps and the right foot with unilateral reflex changes. There are sufficient neurological findings on the current physical exam concerning for radiculopathy that would support the need for diagnostic imaging of the cervical and lumbar spine. Therefore, it would be reasonable to obtain X. As such, it is this reviewer's opinion that medical necessity is established for the requested X and the prior denials are overturned.

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