

---

**IMED, INC.**

PO Box 558 Melissa, Texas 75454

Office: 214-223-6105 \* Fax: 469-283-2928 \* email: [@msn.com](mailto:)

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:

X Upheld (Agree)

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. The patient was involved in an X. The X. X was X. X. X was able to X. X of X. Office visit note dated X indicates that X presents with X. X is rated X

. Associated symptoms include X. Treatment to date includes X. Treatment provided X. On X examination X has X. X is X except X. X is X. X testing is X. X notes X. X dated X. At X there is 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. The initial request was non-certified noting that, "ODG regarding the request for X states, "Recommended prior to X. A diagnostic X is the preferred. procedure to determine X. No more than X. X are not recommended." In this case, within the documentation provided for review, the patient has X. X has X. However, there is X. Therefore, the request for X is not certified." The denial was upheld on appeal noting that, "The claimant has a diagnosis which would fit criteria for an X. Dr. X feels that X previous X. There was X on X note. The X demonstrates X. The claimant has reportedly had an updated X. Because of the X, the request is not supported. Therefore, Appeal X is not medically necessary." There is X. The submitted clinical records X. There is X. There is X. Therefore, medical necessity is not established in accordance with current evidence based guidelines for the request for X.

**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