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Notice of Independent

Review Decision

IRO REVIEWER REPORT

X and 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 mechanism of injury is described as X. Treatment to date includes X. The patient has a history of X. X dated X shows X. There is X. Office visit note dated X indicates that the patient underwent left X. Per the X chart notes, X reported increased pain to X. The X left X. Physical exam revealed X. X tests were X on the left. Appeal letter dated X indicates that X has exhibited significant X with left X. The patient has already been successfully treated with X. Imaging guidance has been necessary in this case to ensure accurate delivery of medication.

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 “Regarding X. Proceeding with a left X appears to be warranted. The claimant has X. Of note, the claimant’s BMI based upon vitals entered in the X. The cited guidelines recommend X. However, this type of X. Based on this, the concurrent request for X is non-certified.” The denial was upheld on appeal noting that “Based upon a review of the submitted records, the prior non-certification appears to have been

appropriate. The guidelines X

. The submitted clinical documentation does not presently support the requested imaging guidance to be one of medical necessity as a variance to the guidelines. Given there is insufficient scientific evidence and guideline support for this procedure with imaging guidance, the requested appeal for X is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Although the patient subjectively reports improvement following X. There are X. Additionally, the guidelines are clear that X. Therefore, medical necessity is not established in accordance with current evidence based guidelines for the 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