

# IMED, INC.

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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:

MD, Board Certified X

### REVIEW OUTCOME:

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is X whose date of injury is X. The patient X. MRI of the X revealed X. There is X. There is X. Treatment to date includes X. Follow up note dated X indicates that X. X has X. Follow up note dated X indicates X. Follow up note dated X indicates X. X. Follow up note X indicates that the patient X. X has X. There has reportedly been clear documentation now of the X. Due to X. The goal is to X. Due to X and 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 recommended as medically necessary, and the previous denials are overturned. The initial request was non-certified noting that per ODG guidelines a X. The note from X states that the claimant had X. Furthermore, ODG does not recommend X. The denial was upheld on appeal noting that though the claimant had X there was no X. Additionally, there were no documented follow up evaluation on exam to support X. Additional information was provided to address the issues raised by the initial denials. Follow up note dated X indicates that the patient has X. X has X. There has been clear documentation now of X. The goal is to X. Due to X, X requires X. Recommend certification.

### 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**