

## **IMED, INC.**

PO Box 558\* Melissa, TX 75454

Office: 214-223-6105 \* Fax: 469-283-2928 \* email:

[imeddallas@msn.com](mailto:imeddallas@msn.com)

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. The mechanism of injury is described as X. MRI of the X dated X revealed X. There is X. X noted, X. X. No change from prior study. EMG/NCV report dated X revealed no evidence of X. Office visit note dated X indicates that current medications are X. The patient is experiencing X. Pain is rated as X. X is X and X. X is X. X: X to X. X /X and X. No X. X is intact to X. X is X. X are X. X is decreased X. There is increased pain with X. X has responded to X in the past X. Assessment notes X. The initial request for X was non-certified noting that the provider is requesting these tests to assess X. The patient has X. However, the patient had an X on the X revealing X. Additionally, the patient has undergone imaging on X. Provided documentation does not X. The denial was upheld on appeal noting that though it was noted that the patient has X on exam, the patient previously had an X performed on X which was X. Additionally, patient had an MRI on X that showed X. The provided documentation did not indicate unexplained symptoms that would require a 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. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review; however, it is reported that the patient has X. The patient's physical examination X. The patient previously underwent X which was a X. The patient has undergone X which revealed X. It is unclear how the results of X would change the patient's treatment course. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

### **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**