IMED, INC.

PO Box 558* Melissa, TX 75454 Office: 214-223-6105 * Fax: 469-283-2928 * email:

@msn.com

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was injured while X was working. The medical records that have been provided do not contain a mechanism of injury. The treatment records indicate that X had X. The X reports note X.

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

Based on the medical available for review it is my opinion that the claimant has already received an X for the X. X has X.

Therefore, due to lack of compliance with ODG recommendations, the request for X is non-certified and considered not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG documentation