

## **IMED, INC.**

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

This claimant was injured X. X had X. X currently does not want to X. The X is requested to relieve the X. The X is requested as X does not want to X.

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

The history of this claimant does meet the basic criteria for consideration of X. The medical records indicate that X has been treated for X. X has had a X. X reported the previous X. X had X. X does have X that covers minimal criteria for X. X has had previous good results from X.

However, ODG recommendations do not include X. There is no medical evidence that this approach is medically necessary. Likewise, the request is for X. There is no medical evidence of X or other documented rationale for the request for X. The apprehension about feeling a X does not rise to standard of care criteria for the use of X.

There is no medical evidence of an X.

**Therefore, the request for the requested procedure is not certified or medically necessary due to lack of compliance with ODG recommendations.**

### **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**