IMED, INC.

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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:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

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Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X. The patient X. Treatment to date includes X. X showed X. X is noted of X. There is X evidence of a X. MRI of the X. X and X is noted X. Office visit note dated X. Patient is currently being treated for X. Current medications include X. On X there is X. There is a X between the X. There is X. X is noted. X in place. Assessment notes X unspecified. Appeal letter indicates that the patient has 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.

The initial request was non-certified noting that though the X according to the ODG Guidelines. Per the ODG Guidelines X. The denial was upheld on appeal noting that the claimant has X. There is a request for X. Evidence-based guidelines X. X recommended. There is insufficient information to support a X non-certifications are upheld. The Official Disability Guidelines state that X are not recommended. While X. The X for X is X. - The X is with X. X of the X. Drug use, another important X. The X and X. In the X. Overall X has not been determined with X. Therefore, medical necessity is not established in X 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