

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: X

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 claimant is a X who sustained an injury on X. Treatment had X. The claimant reported X. The claimant had attended X. The X noted a X at X. There was X. There was X noted that X. There was X noted which X. A non-contrast X of the X. The X evaluation noted continuing X. The claimant reported X. The claimant did report X. The X noted X. The claimant could X. There was X. For the claimant's persistent X. The X was denied by utilization review due to the X.

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

The claimant's presentation in this case is consistent with X. Imaging detailed

X. The claimant's current exam did note X. The claimant had X. In patients with X. The claimant had X. Given the extent of X, it is X. In this case, the X. Therefore, the proposed X. Therefore, it is this reviewer's opinion that medical necessity is established and the previous denials are overturned. As the X request is indicated, the X would also be medically necessary.

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