

# IMED, INC.

PO Box 558 Melissa Texas 75454  
Office: 214-223-6105 \* Fax: 469-283-2928 \* email: [@msn.com](mailto:@msn.com)

## Notice of Independent Review Decision

### 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.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient X. Diagnosis is X. The initial request for X was non-certified noting that there is no documentation of X from X. There are no documented extenuating circumstances to support an exception to the guidelines in this case. The denial was upheld on appeal noting that the patient has had X for the X and should be X. There is no updated new clinical information. The cited guidelines do not support the request.

### 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 submitted clinical records indicate that this patient has X to date. The request for X would continue to exceed guideline recommendations. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X. The patient has completed X and should be capable X.

**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**