

IMED, INC.

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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: 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 was involved in a X and subsequently reported X. The patient has a history of X. X dated X shows X resulting in X and X upon the X. At X is present resulting in X and X upon the X. At X is present resulting in X and X upon the X. X dated X shows X without evidence of X. There is X; X. X. X dated X shows X and/or X and X with X. X dated X shows no evidence of X or X. There is X. X dated X shows X resulting in X and X of the X at X, X and X. X attended X and was subsequently authorized for X. X dated X indicates that required X is X and the patient's X at that time was X to X. X dated X indicates that the patient's X remained X to X. X dated X indicates that the only X

is X. The patient had not reached X. The patient underwent X. Follow up note dated X indicates that X had X for X and then X returned. Office visit note dated X indicates that X has received X with X. X has been receiving X and X. The patient received a X on X. The patient received a X on X. X dated X indicates that current X is X to X and required X is X. Initial assessment and evaluation dated X indicates that X is X. X is X and X is X. X is X and X is X. Diagnoses are X. The initial request was non-certified noting that the most recent X was over X ago. Without a more recent examination or assessment of X in a claimant that is pending other treatments and X, X is not supported.

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

Based on the X provided, the request for X, X is not recommended as medically necessary. The Official Disability Guidelines note that treatment is not supported for X without evidence of X and X, documenting both X and X. Outcomes should reflect the goals initially proposed, including those specifically addressing X identified during the X. X including X and X activities X should be provided. Prior X indicates that the X is limited to X. It is unclear why the patient has not been able to X to X despite X. Therefore, medical necessity is not established in accordance with current 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