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**IMED, INC.**

PO Box 558 Melissa, TX 75454

Office: 214-223-6105

Fax: 469-283-2928

email: [X@msn.com](mailto:X@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:** 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. X was X. Office visit note dated X indicates that X presents for X. X continues to have X with any X and with X. X takes X for this but X. Current X include X, X and X. On X of the X is X, X is X. X has X to X and X. X is X. The patient is X intact X. X of the X show X. No 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 of X is not recommended as medically necessary, and the previous non-certifications are upheld. The initial request was non-certified noting that the guidelines do not necessarily support the use of X for X. There appear to be X that would supersede the recommended guidelines. The denial was upheld on appeal noting that the cited guidelines do not support X for X. The request for X of the X is not medically necessary. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that the requested procedure is not recommended for X. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. Additionally, there is no documentation of X. There do not appear to be any significant findings on 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  
ODG by MCG ([www.mcg.com/odg](http://www.mcg.com/odg)), Evidence-Based Medical**

**Treatment Guidelines, X and X, X, updated X**

**Not recommended for X. X has been associated with X and X. X is X  
following X because it has not been studied due to concerns of X.**

**However, X is recommended as an option for X in X.**

**Evidence Summary**

**X**