

IMED, INC.

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Notice of Independent

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.

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X while X. The claimant reported X with X and X. The claimant was initially referred to X and X. A X study for X noted a X of the X with X and X. The X clinical report noted continuing X and X. The X noted significant X and X. There was X present with X noted. The claimant did have a X with X and X. There X of the X. The X requests were denied by utilization review as the entirety of the X request was not indicated.

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

In review of the clinical findings, the claimant presents with a X resulting in X, X, and X. X studies of the X detailed a X of the X with X as well as X and X. The

claimant had X with X and X. Given the current findings, it is unlikely that the claimant would X. There are no indications for a X request. The X is X and the X requests are X in the clinical records. Therefore, it is this reviewers opinion that the requests to include X, X, X, X, X, X are medically necessary and the previous denials are partially overturned. It is also my opinion that the X of the X is not 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