
IMED, INC.

PO Box 558 Melissa, Texas 75454

Office: 214-223-6105 * Fax: 469-283-2928 * email: @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:

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 claimant is a X with a date of injury of X. On X, initial review determination indicated the request for X was not supported as being medically necessary. Rationale given was it was unclear why there was request X. The injured employee did not complain of X. On X, the claimant was seen in X. Claimant reported a X, sustaining an injury to the X. Previous treatment included X. Past medical history was positive for X. Active medications at that time included X. There was X noted. The X exam did not reveal any X. Therefore, X test was X as was X test and X test. X test was also X. There was a X test. X was intact X. On X, an X revealed X. It was determined this may reflect X. There was X. There was X. There was X. On X, a medical review indicated that the requested treatment, X was non-certified on appeal. It was determined that the request for X was denied as it was noted that the request for a X was not supported as the claimant had not complained of any X. As such, X were also not medically necessary.

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

The records from X. There was X. Therefore, it is this reviewer's opinion that medical necessity for the requests 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