

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 claimant is a X who sustained an injury on X when X. The claimant was initially assessed with X. The claimant was X in X due to X. The claimant described X. The X dated X noted X. The X evaluation noted X. X was X. The X did note X. There was X and X. The requested X was denied by utilization review which noted lack of any significant X symptoms and limited detail regarding X.

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

In review of the clinical findings, there is evidence of X based on the current X and X results. The claimant reported X. The current X did note X. Given the inability to tolerate X to include X and the X that correlate with X and X, it would be reasonable to proceed with X. Therefore, it is this reviewer's opinion that medical necessity is established and the previous denials for the X are overturned.

**A DESCRIPTION AND THE SOURCE OF THE
SCREENING CRITERIA OR OTHER CLINICAL BASIS
USED TO MAKE THE DECISION:**

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE,
AND EXPERTISE IN ACCORDANCE WITH ACCEPTED
MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES**