
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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. X suffered a X. X underwent X. The patient underwent X. Follow up note dated X indicates that X. Follow up note dated X indicates that X. However, it is X. Follow up note dated X indicates that X. Pain is rated X. Follow up note dated X indicates that X continues with X. X has been treated for X. X. Current medications include 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. The initial request was X, "The Official Disability Guidelines discusses X. Generally, this treatment is known to be X. A follow up letter at this time notes that the injured worker X; however, the specific X clearly noted. Moreover, if this

treatment is X. Considering these factors overall, the request is X.” The denial X, “ODG X. The injured worker had X. Therefore, based on both X.” There is X. The Official Disability Guidelines note that X. Since X. There are X. The patient underwent X. There is X. There are X. There is X. There is X. Therefore, medical necessity 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