
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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient X. X was diagnosed X. Treatment to date includes X. An X of the X dated X showed X. The claimant had X on X. Follow up note dated X indicates that X. Current medications are 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 records indicate the claimant had X. Per the most recent X, the claimant presented with a X. The guidelines support X. X should not be performed at X. The requested X were to be performed with a X. Therefore, the X." The denial was X. The prior X. The provider has X. The X Is X. Based on the cited guidelines and information provided, the request for X. The Official Disability Guidelines note X. The duration of X. There is no

documentation of 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