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**IMED, INC.**

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**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 claimant is a X who sustained an injury on X due to a X. The claimant had been followed for a history of X. There was also a history of X. Other medical history included X. The claimant's medication history included X. The claimant had X. The X evaluation noted X. X exam findings were X. The claimant was X. The use of X.

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

The current evidence based guidelines X. The provided records X. There are X. This would include X. The efficacy of X. Therefore, it is this reviewer's opinion that.

**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**