

**NOTICE OF INDEPENDENT REVIEW DECISION**

February 8, 2002

**Re: IRO Case # M2-02-0428-01**

The case was reviewed by a physician who is Board Certified in Anesthesiology, with added Qualifications in Pain Management. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, \_\_\_\_ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

I agree with the carrier's decision to deny this patient the requested anesthesiology. The procedure for which the anesthesiology was requested involves minimal discomfort and can be safely performed under conscious sedation and local anesthesia. This patient is healthy, except for mild asthma controlled with inhalers. There is no indication for monitored anesthesia in this case.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

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Managing Director