

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured approximately X. The exact mechanism of injury was not documented.

On X, the patient was seen by X, for X. The severity of current pain level was X. The X wax X. X were the X. The X was X. X had X. X reported X. The reviewed X included X. The reviewed problems X. The reviewed X included X. The past medical history was significant for X. On exam, X had X. The X was X upon X. X was doing X with X. The diagnoses were X. The plan was to X.

On X, X from X indicated the X.

On X, a X from X indicated the study was X.

Per Letter of Medical Necessity dated X, by X, the patient was seen X. X was seen initially for X. The patient had complained of X. On exam, X had X. The X was X. The X was X for X. X was X with X that X with X. X had X. The X of pain was X. The plan was therefore to X. This X would be X due to X.

On X, X for X from X was documented.

On X, the patient was seen by X via telemedicine for X. The current pain level was X. There was X. X revealed a history of X. X had utilized X. X consulted X, who recommended X consultation with X. X was not in network, and X required referral with X. The review of the MRI of the X, showed X. On exam, there was X. There was X on X. The X was X. X would X. X had X. X reported that X was X. X was the only X that X. X was to X. X reported X. X was to X as directed/tolerated. X demonstrated compliance with X.

On X, the patient was seen by X for X. On exam, the patient had X. The X was X at X. X had a history of X with X. X was X on X, with X. Functionality of activity of daily living (ADLs) was X. X would benefit from X. The diagnoses were X. X was receiving X. The plan was to X.

On X, the patient was seen by X for X. The patient presented with X. The current pain level was X. The X was X. The X was X. X reported X. X was to continue X. X would likely benefit from X.

On X, the patient was seen by X for X. the X to X. X reported X. The current pain level was X. The associated symptoms included X. X reported the original X was in X. X reported X with X. X had X with X. X reported X. X reported X. On exam, X had X. There was X on X and X. The X test was X. The last X, had more than X for X. X would benefit from X. X reported X. X reported X. The plan was to X. X was X.

On X, X from X indicated X was X for X inconsistent for X.

On X, the patient was seen by X for X. X reported X. The X was not approved. X reported X. X currently X. X received X. X would X and X. X was X. The plan was to X.

On X, the patient was seen by X for X. X reported X. On exam, there was X. There was X on X and X. The X test was X. The diagnoses were X. The plan was to X.

On X, a X by X indicated the patient was X. X had both X and X. The X would X with X. X was unable to X due to X. X had tried and X. The plan was to X. X would be X due to X.

On X, X from X was documented.

Per Utilization Review dated X, the request for X, denied on the basis of X. *The initial mechanism of injury was undisclosed in the available medical records. The relevant diagnoses include X. As a result of this injury, the claimant had X. Prior treatment included X. The current work status was X. It remained undisclosed if X. X MRI visualized X. Per the X letter of X by X, the patient had X. It was noted that the patient had X. X was to X and X. X is recommended X for X per the Official Disability Guidelines. The requested X is not supported at this time. A review of the available medical records revealed that a similar request was non-certified in X by X on X. The X noted that the most recent available progress report is from X, and medical necessity for the X could not be established without interval subjective and objective clinical findings. Although the X was not X to the X, evidence of X was not available for review. Furthermore, X was previously non-certified. Therefore, the request for X is non-certified. Screening Criteria/Treatment Guidelines Utilized X, the Official Disability Guidelines provided the following recommendations: X.*

Per Reconsideration dated X, the request for X on X, was upheld on the basis of following rationale: "A prior request for X was non-certified in review X by X on X. The rationale behind the prior non-certification was based on the lack of updated clinical information and the lack of X. No updated clinical information has been submitted and no written basis for appeal has been provided. Per the submitted documentation, the claimant was being treated for X. The initial mechanism of injury was not disclosed. Relevant diagnoses include X. As a result of this injury, the claimant had X, and was X. It was not disclosed if X had been trialed. Prior treatment included X. X MRI visualized X. Per the X progress report by X, the patient had ongoing X. The pain was graded X. The examination noted X. The provider is appealing the prior determination. X is recommended as X per the Official Disability Guidelines. The X should be X and should not X. X should be X. X is not recommended due to X. X should be X when X. The prior determination was appropriate. The X of the requested X is X. No updated clinical information has been submitted and the available information does not demonstrate substantive functional benefit. Ongoing X is not indicated. X is not X as X prior requests have been non-certified on the same basis. Therefore, the request for X is non-certified."

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

X is identified with X in the current edition of the X.

X is recommended only as X for those with X per the Official Disability Guidelines. The available notes for my review are deficient in reporting X and which X. Furthermore, the X are inconsistent.

Therefore, the request for X, is non-certified and not medically necessary.

Medically Necessary

Not Medically Necessary

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES