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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

Patient Clinical History [Summary]:

This is a X with a diagnosis of X. The request is for the coverage of X.

The request was previously denied stating this request has been evaluated against individual treatment protocols that are evidence-based, scientifically valid, and outcome-focused and X internally derived treatment guidelines, if applicable. This letter will serve as written notice that we are unable to authorize this request based on the clinical information provided.

Analysis and Explanation of the decision include clinical basis, findings, and conclusions used to support the decision:

This is a X with a diagnosis of X. The request is for the coverage of X

The request was previously denied stating this request has been evaluated against individual treatment protocols that are evidence-based, scientifically valid, and outcome-focused and X internally derived treatment guidelines, if applicable. This letter will serve as written notice that we are unable to authorize this request based on the clinical information provided.

The request was previously denied stating the request did not have a physical examination submitted with the medical records. In the recent admission, the member's physical examination clearly documents that the member had X. These findings are also corroborated by the findings of the member's magnetic resonance imaging scan. Guidelines allow for X. This patient is X, which is consistent with X. Therefore, requesting justified as medically necessary. The medical records do establish that the services performed were medically necessary according to generally accepted standards of care. Under the circumstances, the request can be justified as medically necessary and appropriate. Therefore, X is 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