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**Description of the service or service 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

The medical records do establish that the services performed were partially medically necessary according to the generally accepted standards of care.

**Information Provided to IRO for Review:**

X

**Patient Clinical History [Summary]:**

This is a X with a X. The request is for the X.

X from dates of X.

X revealed X and X. The X noted a suggestion of X.

On X the member-reported X. Prior treatment included X. A X. X with

X was requested, but X.

**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 X.

X revealed X and X. The X noted a suggestion of X.

On X the X. Prior treatment included X. A X was present on X. X with X was requested, but not certified, due to a X.

Per ODG X, regarding criteria for X must be well documented, along with X. Acute X must be corroborated by X and when appropriate, X and X. A request for the X." In this case, as noted on prior review, there were X. A X was medically necessary and appropriate.

However, as noted on prior review, there is X. X is not recommended and there is X. X for the X was not medically necessary.

As such, X online version X have been partially met. Therefore, the request for the X is medically necessary. The request for the X is not medically necessary.

**Criteria / Guidelines Used:**

ODG (updated 9/30/2020)-online  
version Pain