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An Independent Review Organization
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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

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X while X. X was X. Apparently, the X and X. X was X being X was X. X described X and a X. X was also X. When X became X was going X. X sustained a X. X had an X with X, MD on X for an X and X and pain. X described these symptoms as having X. Prior to this X reported that X was having X and X only X. X confirmed that X currently X. Examination of the X reveals X was still X. X was X. Examination of the X did reveal X. X assessment revealed X and in X. Dr. X was not able to X. There was a X but X response on the X. X also X. On X visited X. X was X, although it was X by X with X as well as a X. X had X with the X at the X. It was X, which continued to be X. X did have X and X. As a result, Dr. X was going to recommend X as outlined by Dr. X. X was X. X did have X. Additionally, X was X with X. X including X. X may continue with X. X in the X with X and X was noted today. X was X. X did have a X with X. X was and X. X did X. Dr. X felt this X would help X in this regard as well as X from X. On X was continuing with X and pain X. Pain X with X and X as did X referring doctor with X. This should X as X felt the X with the X. Neither was the X. This X appears to be getting X and the X.

Once again, they were going to X and X all at the same visit depending on what they can X. X had X and X at X. As a result, they were going to X. Any further delays would X. X was X. They wanted to X in X. Otherwise, they would have to go to a more X for X. In the meantime, continued X. X would be X. Treatment to date included X. Per a utilization review and a peer review dated X, the request for X and X. Rationale: With evidence of X is not considered a candidate for X. There also appears to be evidence of X with the X to Dr. X and Dr. X. This discrepancy needs to be clarified. Furthermore, the request for both X on the X would X. At this time, the request is not supported or medically necessary. Therefore, my recommendation is to NON-CERTIFY the request for X. Per a utilization review and peer review dated X, the denial was upheld. Rationale: X. Regarding the X has X where ODG states that there should be X. Additionally, there is no evidence that X will be used as an X. Lastly, no X has been provided for X. As noted in the prior review, X would X. As such, the prior denial for the X is upheld, and this request is non-certified.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review and a peer review dated X, the request for X. Rationale: With evidence of X is not considered a candidate for X. There also appears to be evidence of X with X to Dr. X and Dr. X. This discrepancy needs to be clarified. Furthermore, the request for both X and X on the same day would X. At this time, the request is not supported or medically necessary. Therefore, my recommendation is to NON-CERTIFY the request for X and X. Per a utilization review and peer review dated X, the denial was upheld. Rationale: X the patient has a X. Regarding the X, where ODG states that there should be no evidence of X. Additionally, there is no evidence that X will be used as an X. Lastly, no rationale has been provided for X. As noted in the prior review, X. As such, the prior denial for the X is upheld, and this request is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that X. The submitted clinical records indicate that the patient reports X. Current evidence-based guidelines would not support X as this may lead to improper diagnosis and/or unnecessary treatment.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES