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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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 is X with a date of X. X reported a X. X was diagnosed with X. On X was evaluated by X for X. There was also X. X was having X. X rated the X. Examination showed X. There was X. X examination showed X. X was noted X. The diagnoses were X. X had X by Dr. X. Dr. X recommended X. Treatment to date consisted of X. Per a X dated X by X, MD the request for X was denied. It was determined that the X. The records indicated that X had X. It was noted that X had a X. However, as the concurrent request was found not medically necessary; therefore, the request for X was non-certified. With regards to the request for X recommended X. X are not

recommended as X. The X for requesting X. There was a X. Therefore, the request for X was non-certified. Per an Appeal Request Denial dated X by X, the requests were denied. Dr. X stated that regarding X. The guidelines also state that X. X had X. There was X. X underwent a prior X with a X that lasted until X. X also had a X that X. However, there was a lack of evidence regarding the specific X. Therefore, the request for X was 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. Per a X, MD the request for X was denied. It was determined that the X. The records indicated that X had X. It was noted that X had a X. However, as the concurrent request was found not medically necessary; therefore, the request for X was non-certified. With regards to the request for X. X are not recommended as X. The X for requesting X. There was a lack of documentation regarding X. Therefore, the request for X was non-certified. Per an X the requests were denied. Dr. X stated that regarding X. The guidelines also state that X. X had X. There was X. X a X. X also had X. However, there X. Therefore, the request for X was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Current evidence-based guidelines would not generally support the performance of X. Although the patient X.

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