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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 who was X on X when X. The diagnoses were X. On X was seen by X, MD for X. X reported that the X and X continued to have X. X also had X. There was X. X reported that X. Apparently, X was too X. On examination, X. On examination, the range of X was X. There was X over the X and X. Dr. X assessed probable X of the X. X was advised to X. An MRI of the X was ordered. Per X placed X restricted X through X with X of X. X was evaluated by X, MD on X for X on the X. The X was described as X. All X. Dr. X noted that X had gone to the X on about X where X was X. X was noted to have a X. X was in the X. Physical examination of the X. There was evidence of X. Signs and symptoms were consistent with a X. X discussed X in

the future. X would be called once X. X was continued on X. X agreed with the current treatment plan and would return to the clinic in X. An MRI of the X. X-rays of the X. Treatment to date included X. On X, MD requested authorization for X. On X, Dr. X wrote a letter stating that X would like to request appeal for the X.

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

The X. The documentation provided indicates the X. A X examination has documented X. The provider states that X. An MRI of the X. An x-ray documented X. Treatment has included X. There is a request for a X. While there has not been a failure of X including X, there is X. Given the X of the X.

As such, progression of X. Given the documentation available, the requested service(s) is considered medically necessary.

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
ODG, 2020: