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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:**

MD, Board Certified X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X when X was X. The claimant had a X. The claimant also X. It is noted that X. The claimant had X. The claimant had been X. There was a X by Dr. X dated X. The requested X was denied by utilization review as there was X.

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

The claimant had a significant X. The available records had noted the recommendation for an X. Dr. X had X. However, there are X Dr. X. As noted in the previous denial rationales, X. There are X. Therefore, it is this reviewer's opinion that medical necessity for the request has not been established and the prior denials are upheld.

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

**CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE  
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**