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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:**

X

**Patient Clinical History [Summary]:**

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

No medical records were provided for review.

The request was previously denied stating official disability guidelines support repeat X if there is a X. Within the medical information available for review there is documentation of a request for X.

**Analysis and Explanation of the decision include clinical basis, findings, and conclusions used to support the decision:**

This is a X The request is for the coverage of X.

The request was previously denied stating official disability guidelines support X if there is a X. Within the medical information available for review there is documentation of a request for X.

No medical records were provided for review. Per the Official Disability Guidelines & Treatment Guidelines, X is recommended to determine next treatment steps if there is evidence of X." In this case there is X. There is X and X. The X report was also not provided for review. The

requested X is not shown to be medically necessary based on the information provided. Therefore, X is not medically necessary.

**Description, criteria or other clinical basis used to make this decision:**

ODG-Official Disability Guidelines & Treatment Guidelines