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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. The claimant had a X. X, the claimant had X. The claimant reported X. The claimant had been X. The claimant had received X. The records did document a X. MRI studies of the X detailed X. The X evaluation noted continuing X. The X noted X. X with X was noted. There was X. X was present. Prior medical history included X. The claimant's X. The requested X was denied by utilization review as there was insufficient clinical evidence to support a X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The claimant had been followed for continuing X. The claimant had X. The claimant's imaging detailed significant X. X and X was noted on the current X.

The claimant's X. There is sufficient evidence in the X the approach in this case. Therefore, it is this reviewer's opinion that medical necessity is established and the prior denials are overturned.

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

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES