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An Independent Review Organization
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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:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of injury X. The biomechanics of the injury was not available in the records. The assessment was X. On X was seen by X, MD for some pain in the X. X reported X. X had completed X and X. X was X. X had been X. On examination of the X. At the X. X was noted to be X. X had X. X was X. Most of X was X. X was X. X-rays of the X. There was a X. X was noted to be X. Treatment to date included X. Per a Peer Review Report dated X by X, MD, the request for X was not deemed medically necessary. The rationale stated that there was no imaging provided for review indicating X. There was no documentation of X. Therefore, the request was not medically necessary. The request for a repeat X was also deemed not medically necessary. According to the rationale, in this case, there was a prior X which showed a X. There was X. Per a Peer Review Report dated X by X, MD, the request for X was deemed not medically necessary. Per the rationale, X had a diagnosis of X. A previous denial for the same request stated that there was no X. No new clinical information was provided from the previous peer review denial.

ODG stated that history, X. There was no documentation of any imaging showing X had X. The previous denial would be upheld. Therefore, the request for a X was not medically necessary.

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

Regarding the X request for the X, the claimant had an X. The claimant continued to describe X. The available records did not include any imaging studies of the X. Therefore, it is this reviewer's opinion that medical necessity for the X is not established and the previous denials are upheld.

Therefore, it is this reviewer's opinion that medical necessity is not established and the previous denials are 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