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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 who was injured on X. This caused X. The diagnoses included X. On X was evaluated by X, MD for X. X was X. Examination revealed a X. X was X. The X was X. Examination of the X. X could X. X had X. X continued to have a X. X or X were noted. X on the X. X on the X. X were X. On X, Dr. X in a follow-up for continued X. X continued to have X. The pain was X. The X. X could X. X could X. X had X. There were X. X pain X. The pain was X. X experienced X. History was X. On examination, X was X. X had X. The X on X. The X was X. Examination of the X. X had X. X continued to X. X or X were noted. X on the X. X on the X). X were X was diagnosed with X. X continued to X. The plan was for X. On the X. Therefore, the X was a significant factor in X." X-rays of the X showed X. X-rays of the X. X-rays of the X noted X. An MRI of the X identified the X. X at X with X. There was X. An MRI of the X. No other X. There was X. X-rays of the X, showed X. Treatment to date included X. Per utilization review dated X, MD denied the request for the X. Rationale: "The claimant presented for X. X with X. X-rays of the X. MRI of the X. X at X. However, the claimant has X. Therefore, medical necessity has not been

established.”

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

In review of the clinical records, the claimant presented for X. The claimant’s X. There was a X. There was X. There was X. There was X. In review of the X. At X. There were X. In this case, the claimant presented with evidence of X. X would be X. However, there is no evidence of X. Further, the current evidence-based guidelines do not recommend proceeding with X.

Therefore, it is this reviewer’s opinion that medical necessity 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:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES