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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 a date of injury X. X was involved in a X where X. X was diagnosed with X. X was seen by X, MD on X and X. On X presented with X. It was rated X. Examination of the X revealed X. There was X. X had pain to X. X also noted X. X was noted. The X revealed X. On X presented for a follow-up of X. It was rated X. X stated that the pain X. On examination of the X, there was X. X had pain to X. The X was X. The X revealed X. An MRI of the X revealed X. An MRI of the X. There was a X and X. A X was noted. An X was X. There was no X. Treatment to date included X. Per a Utilization Review decision letter dated X, the request for X was denied by X, MD. Rationale: "It is unclear why there is a request for X. This claimant has been diagnosed with X. A X is X. It may be considered for X; however, the claimant does not have any of these X findings. Accordingly, this request is not medically necessary." Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "It is unclear why there is a request for a X for this claimant. There is a diagnosis of a X. This is consistent with the mechanism of injury described. X only reveals X. Therefore, there is no indication for a X. This

request is not medically necessary.

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

Based on the clinical information provided, the request for X not otherwise X is not recommended as medically necessary, and the previous denials are upheld. Per a Utilization Review decision letter dated X, the request for X was denied by X, MD. Rationale: "It is unclear why there is a request for X. This claimant has been diagnosed with a X. A X is not indicated for this condition. It may be considered for X; however, the claimant does not have any of these symptoms or physical examination findings. Accordingly, this request is not medically necessary." Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "It is unclear why there is a request for a X for this claimant. There is a diagnosis of a X. This is consistent with the mechanism of injury described. X only reveals X. Therefore, there is no indication for a X. This request is not medically necessary. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that this patient presents with a condition for which the Official Disability Guidelines would support the requested X. This patient presents with a diagnosis of X. The Official Disability Guidelines note that the requested X should only be considered as a last option for limited, select cases with a diagnosis of X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines, so the decision is 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