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## **Notice of Independent Review Decision**

**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

**Information Provided to IRO for Review:**

X

**Patient Clinical History [Summary]:**

This is a X. The request is for the coverage of X. This is a X review for medical necessity.

On X the member underwent evaluation and X. There was no record of a meaningful assessment of X. The X was again X on X, with an X.

A X adverse determination cited ODG guidelines, which note that the efficacy and continued need for this X and documented. It was noted that there was no documentation of X. A X appeal regarding X also noted the lack of documented functional benefit and denied the medical necessity of 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. This is a X review for medical necessity.

On X the member underwent evaluation and X. There was no record of a X. The X was again X, with an X.

A X adverse determination cited ODG guidelines, which note that the efficacy and continued need for this X and X and documented. It was noted that there was no documentation of X. A X appeal regarding X also noted the X and denied the medical necessity of X.

X could result in X. X may X and has rarely been associated with X. One case report described X. X was treated with X, and X and X. X was X and X. It is also important to note that X. X should be aware of the X and X. One report described the X. It should also be noted that symptoms of X. Since X is a X.

There is no record of X. Ongoing X would not be warranted if it did not yield a X. However, in this case, X. Per X guidelines, "X." In this case, although there is X. Alternatively, following X, the treating physician could conduct a X. At this time, X has been requested, however, only X can be considered medically necessary. Therefore, the medical records have established that services performed were partially medically necessary according to generally accepted standards of care.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG-Official Disability Guidelines & Treatment Guidelines