



7121 Fairway Drive  
Suite 102  
Palm Beach Gardens, FL33418  
Toll Free: 888-920-4440  
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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

**Information Provided to IRO for Review:**

X

**Patient Clinical History [Summary]:**

This is a X with a X. The request is for the coverage of X. As the records point out the claimant had an X and X or documented change in X. There is no documented X for the X and X. The request was previously denied stating that after peer review of the medical information presented and/or discussion with a contracted Physician Advisor and the medical provider, it has been determined that the health care service(s) requested does not meet established standards of medical necessity.

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**Analysis and Explanation of the decision:**

This is a X. The request is for the coverage of X. As the records point out the member had an X. The records indicate there was X or documented change in the X. The medical records did not provide clinical documentation or documented X for the X from the treating provider. It cannot be concluded based on this information that the X is indicated. Therefore, the medical records have not established that the services performed were medically necessary according to generally accepted standards of care.

**Description, criteria or other clinical basis used to make the decision:**

ODG-Official Disability Guidelines & Treatment Guidelines

**Determination: X**

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