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Notice of Independent Review Decision

Description of the service in dispute:

X

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified: 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 diagnosis of X. The request is for the coverage of X.

The request was previously denied stating: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X injured the X on X when the member X. The reported condition is considered X because X have X since the X. A request for X was made. The following are important considerations: X are not recommended. The request is non-certified for the following reasons: Guides do now support X. The notes dated X were given special

consideration. In the peer-to-peer discussion, the requirements of the Guides were reviewed with the provider (or designee). The deficiencies in the request were discussed, and the reasons for non-certification were given. Since a successful peer-to-peer conversation has taken place, no additional clinical information is expected to be provided. The documentation provided for this appeal request is either not significantly different from the original request or does not adequately address the objections from the previous reviewer.

X of the X and X revealed X of the X.

Medical records from X and X describe X and x, following a X that was treated X. Imaging showed X. Treatment included X and X. X findings were difficult to interpret due to X, but X and X were noted at the X.

On X the member reported X and X. A X was X. A X was planned.

Analysis and Explanation of the Decision include basis, findings, and conclusions used to support the decision:

The medical records do not establish that the services performed were medically necessary according to generally accepted standards of care.

Per ODG, X for Pain...Not Recommended...While X-approved for X, there are few details to guide in member selection, including which X is best suited for a X...Overall long-term efficacy has not been determined with X, with a note that X in efficacy over time is a X. In this case, there are no documented extenuating circumstances to support an exception to these guidelines. Furthermore, the documented recent X findings do not support a X. The services are not medically necessary.

Therefore, the request for the coverage of X, for the diagnosis of X of X is not medically necessary or a standard of care.

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

Medical Necessity
ODG