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Notice of Independent

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: MD, Board Certified X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. X was X and X. MRI of the X dated X shows X. X is X. There is X. There is a X. There is X in the X. Office visit note dated X indicates X has a prior history of X. X has been treated X, X, X and X. X received a X which was X for a X and X pain X. X continues to have X such as X and X. On exam X is X. Overall X is X. Patient has pain at X with an X. X is X. X are X. X has had X denied.

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 is not recommended as medically necessary, and the previous denials are upheld. Initial request was non-certified noting that the X was recommended in X with requested X in the form of X, X which was non-certified. Given that X was denied, likewise the requested X was non-certified. The denial was upheld on appeal, again noting that the X request was non-certified and therefore X requests were non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The requested X has been denied. There is no clear rationale provided to support the use of an X for this patient at this time. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

ODG by MCG (www.mcg.com/odg), Evidence-Based Medical Treatment Guidelines, X

ODG Criteria