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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 X. The request is for the coverage of X on the X and X.

The request was previously denied stating: The request is not medically necessary. Documentation with the X does not substantiate X at the requested X which is required by guidelines. No exceptional factors were noted. Hence this request is not medically necessary.

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

The date of injury is X. The member has X with X. Exam significant for X on the X, X, X, and X on the X at X, X, and X on X. The member had X but there is no documentation of a X. X of the X on X showed X throughout X, X, X, and X with X including the X, X. X at X. Per guidelines, X are recommended for X after the X which includes X, X, and X and X. The X should be done in X with a X plan (continuing X and/or X). The plan was to continue X. X is only recommended for X. There is no documentation of X and there is no documentation of X. X on the X, X and X on the X, X are not medically necessary. Documentation with the X does not X at the requested X which is required by guidelines. No exceptional factors were noted. As such, ODG-Official Disability Guidelines & Treatment Guidelines have not been met. Therefore, the request for the X is not medically necessary.

Criteria / Guidelines Used:

ODG-Official Disability Guidelines & Treatment Guidelines