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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:**

MD, Board Certified X

**REVIEW OUTCOME:**

X

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. The mechanism of injury is not described. The X with X on X and has been authorized for X. X and X of X indicates that the patient had X as of that date. Patient reports X. The X. Pain is rated as X. X is X, but still X, especially X. On X of X is X. History and X indicates that X continues to X and X. X include X and X. On X is X. X will continue X for X.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The request for X is not recommended as medically necessary, and the

previous denials are upheld. The initial request was non-certified noting that ODG supports X for X for X and X for X. In estimating the X for X with X, users should use the X from the diagnosis with the X. When X exceeds the guidelines, exceptional factors should be noted. The claimant has had X to the X and after completing X, it is expected that the claimant is X. There is no evidence of exceptional circumstances to support treatment beyond guideline recommendations rather than X. The denial was upheld on appeal noting that current evidence based guidelines support X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When X exceeds the guidelines, exceptional factors should be noted. There are X of X documented. The patient has X and should be X of X. Recommend upholding the previous denials. The patient X on X and has been authorized for X. The request for X would exceed guideline recommendations. There is no updated X provided upon completion of X. There are X submitted for review with documentation of X. There are X documented. Therefore, the request for X is not recommended as medically necessary.

**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**