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Notice of Independent Review Decision

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:

X

Information Provided to the IRO for Review:

X

Patient Clinical History [Summary]:

This is X with a diagnosis of X. The request is for the coverage of X.
The request was previously denied stating the member's treatment request for X has been denied. The member's records must show X. The member's records do not show this. This decision is based on policy: X.

Analysis and Explanation of the Decision Include Clinical Basis, Findings, And Conclusions Used to Support the Decision:

This is a X member with a diagnosis of X. The request is for the coverage of X.
The request was previously denied stating the member's treatment request for X has been denied. The member's records must show X. The member's records do not show this. This decision is based on policy: X.

In this case, the records indicate that X had X with X. X also has X and has X. Due to the presence of X, the request for the coverage of X is medically necessary and is certified. The medical records do establish that the services performed were medically necessary according to generally accepted standards of care. Therefore, X is considered medically necessary.

A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision:

ODG-Official Disability Guidelines & Treatment Guidelines