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

X

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

Information Provided to the IRO for Review:

X

Patient Clinical History [Summary]:

This is a X with a diagnosis of X. The request is for the X.

On X the patient reported X and X. On X, X was X. There was X. X was X in an X. X were X. X was X.

On X the patient reported X and X. The note was incomplete, and the full X examination was not legible.

On X the patient reported X. Prior treatment included X, a X program, and X. X had made the X.

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

The request is for a X. Per ODG X guidelines regarding criteria for X, "X must be well documented, along with objective X on X. X must be corroborated by imaging studies and when appropriate, X, unless documented X, X, and X support a X. A request for the procedure in a patient with X requires additional documentation of recent X associated with X." In this case, there is no documented evidence of X. Documented X are X and X. Furthermore, X reports were provided for review. X is not shown to be 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