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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:**

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. Initial X evaluation dated X indicates that X, X and X and a X, X. The patient X. Since this time, X has enjoyed the benefits since X. However, X has X and X. X has X. X history reportedly dates back

to a X followed by X followed by X. Follow up note dated X indicates that the X representative is present. X is X. X is getting good coverage for X, X and X and X. Follow up note dated X indicates that X presents with a X which is X in helping X. The patient is using X, X and X use of X and X. However, X still requires a X which has been X. X pain with X in X. Follow up note dated X indicates that the patient is requesting a X. Apparently, X has had this X for X now, while at X state for X, X. When X presents, X is in a X that partial times of the day X is able to use the X. X wants to X.

**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. The initial request was non-certified noting that the patient apparently was using a X. Given this and noting the X and X, the request for X is not medically necessary. The denial was upheld on reconsideration noting that there are X findings that would indicate the necessity for X. There is X or X. X does continue to treat for and X, which has been present for X, and there is nothing seen that indicates that a X would be medically reasonable, necessary or appropriate. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Current evidence based guidelines would support X only when X cannot be X. The submitted clinical records fail to establish that the patient meets ODG criteria. There is no current X submitted for review. 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**