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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:** 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, other X. The request is for the coverage of X.

The request was previously denied stating: Regarding the X, per ODG, X is recommended as indicated below on a case-by-case basis as a third-line, last-resort treatment for X. In this case, the member presented with complaints of X. There is a request for a X. Documentation does not substantiate X were obtained, including complete X, which are mandated by guidelines. Furthermore, the X did not indicate the member underwent any X as required by the guidelines. Overall, the X is not medically necessary. Recommend non-certification.

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

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

The request was previously denied stating: Regarding the X, per ODG, X is recommended as indicated below on a case-by-case basis as a X. In this case, the member presented with X. There is a request for a X. Documentation does not substantiate X were obtained, including X. Furthermore, the X did not indicate the member X as required by the guidelines. Overall, the X is not medically necessary. Recommend non-certification.

A X report was X. X changes were seen at X. A X.

On X the member reported X with X. Prior treatment included X. A X was noted. Past medical history includes X. X was noted. Unspecified X were X. A X was discussed.

On X the member reported X. Prior treatment included X "or" X. On X. The X was X in an X. X was diminished at X. A X was proposed.

On X, Dr. X, a X the member regarding candidacy for a X. X was X and the member had a X. There was no record of X.

A X noted reduced X. X were observed. X in X was noted.

X was consistent with a X. A X could not be ruled out, but the X.

A letter from Dr. X summarized the clinical history and noted X. A history of X was noted.

In this case, there is no record of specific X. There is no record of X. Per ODG, X are only medically necessary as a last resort treatment when "ALL" criteria are met. Thus the X was not medically necessary.

Therefore, the request for the X is not 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