Matriarch
CONSULTING SERVICES

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Unit # 90333
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Notice of Independent
Review

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 THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
This is X who sustained injury on X by X and X. X sustained injury to X, X, X, and X.

Medical records provided revealed the claimant completed X. X was also given in X. The claimant also received X and X. X showed X. X some X and X. History of X in the past noted. X still continued to feel X, X and X.

Progress note dated X by Dr. X, MD revealed that X continues to X. Pain was X to X. X reported X. X received X. X had X and X. X showed X and X was X. X, X, and X was X in X and X. X had X. X had X in X. X had X on the X and X with X. Assessment was X. Dr. X appealed the denial of the X.

Progress note dated X by Dr. X, MD revealed that X continues to feel X, X, and X. X reported X. X was taking X. X reported X helped X. X were unchanged. Assessment was X. Appeal for denial of X was made.

The request for X were denied twice because only X performed, and no mention of X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
According to the Official Disability Guidelines (ODG), the criteria for X indicates documentation at X, including X, X, and X. In this case, medical records provided indicated X were performed, but records submitted only have documentation of X. There is no documentation that X were performed. Due to lack of documentation of trial and failure of X, the request for X is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
Official Disability Guidelines (ODG) – Online Version