



7121 Fairway Drive
Suite 102
Palm Beach Gardens, FL
33418
Toll Free: 888-920-4440
Email: @danestreet.com

Notice of Independent Review Decision

Description of the service in dispute:

X

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X M.D. is Board Certified X licensed in 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 diagnosis of X. This is for the coverage of X.

The request was previously denied stating: The Official Disability Guidelines do not recommend X as harms outweigh the potential diagnostic benefit. "X" X is no longer recommended due to potential X and X. The member reported that the member's symptoms are X were adversely affecting the member's X. The member had X and continued with X that X into the X. I called and spoke to the treating provider and

discussed the case. The treating provider advised that the provider would provide documentation explaining the necessity of the procedure. However, as no new documentation was received and there were no exceptional factors noted to support the request outside guideline recommendation, the request for X is non-certified.

On X the member reported X with X. Pertinent X include X. Prior treatment included X and X without X. X revealed X. X was proposed to investigate a hypothesis of "X" at X.

A X letter argued that X of X were needed in preparation and evaluation for possible X. No evidence was provided to support the use of X to rule-in X candidacy.

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

X, either performed as a X or when paired with X, is strongly not recommended for X. The guidelines explain that "Historically, X has been used as part of X evaluation for consideration of X for X. However, higher-quality studies on X have questioned its use as a X indication for either X or X, suggesting that X of specific X complaints on X of X is of limited diagnostic value. Similar X was found to be quite common in X, and X seemed to be inaccurate in many X members with X. Also, X itself sometimes produced symptoms in X controls over a year after testing. Interpretations of X have not correlated well with the finding of a X on X. X might occasionally be justified when the decision has already been made to perform X since a X could still rule out the need for X on that X, although a X in itself would not adequately indicate the need for X." There are no documented extenuating circumstances to support an exception to the guidelines. The records do not indicate that X would be used to X with X that had already been X. It is not recommended as a test to rule-in X candidacy. X is not shown to be medically necessary. Therefore, the medical records have not established

that the services performed were medically necessary according to generally accepted standards of care.

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG-Official Disability Guidelines & Treatment Guidelines