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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 is Board Certified 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 member with a diagnosis of X. The request is for the coverage of X.

Prior treatment included X.

X Magnetic Resonance Imaging revealed X.

A X was administered on X.

On X the member reported X. X was planned.

On X the member reported X with X. A X yielded X and X.

On X the member reported X. X was unchanged. A X was proposed.

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

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

Per ODG X guidelines regarding criteria for X, "X." In this case, there is no documented evidence of X consistent with X on a recent X. X is not shown to be medically necessary. As such, ODG X Guidelines Criteria have not been met. Therefore, the request for the coverage of X is not medically necessary.

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

ODG X Guidelines