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Notice of Independent Review Decision

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

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 who was injured on X, when X, causing X to X and X, X and X.

From X, through X, the patient attended X at X for X and X and X and X. Treatment X were X, X and X. The plan was to continue with X.

On X, a X of the X was performed at X and interpreted by X, M.D. The indication of the study was X. The study revealed: At X, X with X and X. X with X recommended. At X, X with X was noted. X and X noted.

On X, the patient was evaluated by X, M.D., for X pain following an injury on X. X reported that X, causing X to X and X, X and X. The X was X. The X remained the same. X pain and X and X had X. The past medical history was noncontributory. Examination of the X revealed X, X and X. X had X. Examination of the X revealed X in X, X and X. X was X. X of the X from X, were X for X or X. X of the X was reviewed. The diagnoses were X and other X and X and X. X was X. Recommended X and referral for X. The patient was placed on X.

On X, the patient was evaluated by X, M.D., for complaints of X. MRI of the X was reviewed. The X was X in X. The pain X. X provided X. X was able to X and X and X. Examination of the X revealed X and X on the X. X were X. X was X. X in the X was noted. There was X in X and X. The diagnosis was X. Treatment recommendation included X and X on the X followed by X and X.

On X, the patient was seen in a follow-up by Dr. X. X reported no change since last evaluated. Dr. X performed an X on the X. The plan was to follow-up in X for a X. X was recommended.

On X, the patient was seen in a follow-up by Dr. X. X reported no change since last evaluated. Dr. x performed an X. The plan was to follow-up in X for re-evaluation. X was recommended.

On X, the patient was seen in a follow-up by Dr. X. X reported continued X. The X was X. X reported X following the X. Following the procedure, X could X, X and X, X and X. At present, X noted having X and wanted another X. Examination of the X revealed X and X, X on X and X and X, X and X. Treatment recommendations included X and X. If X was successful, X, followed by X would be requested in addition to X. X had X. X had a X. The patient understands that it was important to X. The patient expressed a X and/or a X to not having a degree of X whilst this procedure with X was being performed. Per X, X was a candidate for X.

On X, a Pre-Authorization Request from The X And X was documented. The service requested was X.

Per a Utilization Review dated X, by X, M.D., the request for X was denied. Rationale: *"Per the ODG, X are recommended to evaluate X of X to include use of X and X. The available medical records indicate that the patient has a history of X that apparently X. However, there is no mention of previous X and X that is suspected to be X nor is there evidence that the patient is X. Therefore, the requested X, X is non-certified."* Criteria used in analysis: ODG by X Last review/update date: X, X.

On X, the patient was seen in a follow-up by Dr. X for continued X. The X was X. The pain was described as X and had X. Nothing provided X. X were denied. The plan was to appeal the denials.

On X, a Pre-Authorization Request from X And X was documented. The service requested was X of the X, X, X.

Per a Utilization Review dated X, by X, M.D., the requested service was: X, X, X, X. The reconsideration of our medical determination regarding treatment ordered on behalf of the patient was received on X. The reconsideration was referred to a board-certified Specialty Advisor for X, who was not involved in

the original review determination. The review of this reconsideration had been completed. After careful review of all available information, our Specialty Advisor had determined that the proposed treatment did not meet medical necessity guidelines. The principal reason for the determination for non-certification was as follows: The proposed X was not consistent with our clinical review criteria. Rationale: *"This case had a previous determination. The case was non-certified. Per ODG, 'X may be grounds to X, only to be considered for extreme patient X.'" In this case, X is proposed. However, X is X, X, and X. There are no documented extenuating circumstances to support an exception to the guidelines. The request is not shown to be medically necessary and is non-certified."* Criteria used in X: X, X, X, and X. X, X or X on the X and X. X /other procedures. ODG By X, Last review/update date: X, X.

On X, and X, the patient was seen at X and X by X, X, for X. The patient noted X. Treatment rendered to the X. The plan was to continue with treatment.

On X, the patient was seen by Dr. X in a follow-up for X. The X was X in X. X reported X since last evaluated. X were denied. On examination of the X, there were X since last evaluated. The diagnosis was X. The plan was to appeal the denial and follow-up in X for re-evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the Official Disability Guidelines (ODG) and the clinical documentation stated above, it is the opinion of this reviewer that the request for X, on the X, X is medically necessary for this claimant. There is documentation of X prior to the procedure for at X. There is no X pain at this time, which resolved after X. No more than X are to be X. The use of X is allowed per the ODG, at the discretion of the treating physician for documented X. X should not be given as a X the procedure. The patient should document pain X, X the X. The patient should also X to support subjective reports of better X.

- ☒ Medically Necessary
- ☐ Not 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**