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Notice of Independent

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:

PhD, Board Certified 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 whose date of injury is X. The mechanism of injury is a X and X. Progress note dated X indicates that chief complaints are X, X/X, X and X/X. X pain

is X, X, X, X/X/X. Prior medical treatment: X. Current medications include X, X, X and X. On X shows X to X. X of X is X. X is X. X of X is X. X is X. X is X. X is X by X. X is X. X is X. X/X is X by X. X is X. X is within X. X are X. X are X, X, X and X, X, X, X or X, and X. The patient is being considered for a X.

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

Based on the clinical information provided, the request for X, X, X and X, X and X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that, "Available documentation noted claimant was recommended for a X and thus required X and X. Documentation note that no prior X was performed, including X. ODG provides many criteria for admission to a X, including prior X. Given no documentation of prior X, X is not medically necessary, and therefore a X is X." The denial was upheld on appeal noting that, "appeal does not include any new clinical information or provide details requested from previous denial. X, such as X, were not documented. X were not documented. ODG provides many criteria for admission to a X, including prior X. Given no documentation of prior X for X, this program would not be considered medically necessary, and therefore a X is not warranted." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no X completed to date or the patient's response thereto submitted for review. There is no documentation of an X of X with improvement followed by X as required by the Official Disability Guidelines prior to X. Given that the patient does not appear to be an appropriate candidate for a X, the request for X and X is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES