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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who sustained injuries on X. X completed X. X of the X dated X revealed a X. Progress note dated X indicates that X condition has X. The patient had an X. Designated doctor evaluation dated X indicates that X continues to have X. The claimant was determined to have X. Office visit note dated X indicates that X does X. X reports X. Pain is X. X examination notes that the patient has X. X test is X. X is X. X tests are 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. The initial request was X. The claimant was determined to X. Office visit note dated X indicates that X reports X.” The denial was X. However, a review of the clinical documentation X. The findings on the exam X.” There is X. The submitted clinical records indicate that the patient has X. The submitted clinical records X. Therefore, X.

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