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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

### **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.

The request was X. It is X. The most recent progress note provided for review is dated X which X. Additionally, there are X. X this request for X.

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

Available medical records demonstrate a history of X. These services performed X. It appears X. Although this is X. As such, X. Therefore, the request for the X.

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

ODG-Official Disability Guidelines & Treatment Guidelines

