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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 with a diagnosis of X. The request is for the coverage of X. The request was X: Based on the clinical information provided, the Appeal request for X. The initial request was X. X testing is not stated to X. Furthermore, X is provided indicating the X. Additionally, X is only supported for cases of X, and on is noted. X these objective findings this request for a X." There is X. There are X. Therefore, X. On X were X. On X the member reported X. The findings of a X. The X report was not provided for review. X were noted on X examination.

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

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