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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 Upheld (Agree)

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. On this date, X was trying to prevent the X. Diagnosis is X. X underwent X. X shows status X. X revealed some X. Treatment to date includes X. X was seen by X., DC on X for a X. X denied any X. X reported X. X was X. Examination revealed X. X was present. The X remained X. The X showed X. X testing was X. X was X. Treatment to date included X. X evaluation/treatment request indicates symptoms X.

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

The request for X testing evaluation X. The initial request was non-certified noting that, "X. There is X assessment of X. It is unclear if the patient has X. There is X." The denial was upheld on appeal noting that, " X. The patient has X. Guidelines recommend X evaluations X. As such, the patient appears to be X. However, the preauthorization form identifies the need for X. X is required regarding this X." There is X. The patient's date of injury is X; however, the submitted X. There are X provided for the years X. The patient X. As noted by previous reviewer, it is unknown if this patient has X. The request for X testing evaluation service, X is not recommended as 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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)