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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:

Non-certify/Upheld

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X with a diagnosis of X.

The request was previously denied stating: Health care services requested do not meet established standards of medical necessity.

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

It is X. There is no indication to perform a X. Thus, this is not supported. Therefore, the request for the coverage of diagnostic X.

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

ODG Official Disability Guidelines and Treatment Guidelines