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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 was previously denied stating that a request for X was made by X. Clinical records were reviewed and the peer-to-peer conversation was attempted. After reviewing relevant clinical documents, a determination was made that this procedure is not medically necessary

per ODG criteria. The ODG states that X should require documentation that previous X produced X and X for X.

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

Based on the medical records, the order for X was not done according to accepted standards of care, as the member should have X for X for the procedure to be X. This was not done. Was unable to X of X beyond the reported X since peer-to-peer was not able to be completed. As such, ODG-Official Disability Guidelines & Treatment Guidelines Criteria have not been met. Therefore, the request for the coverage of X is not considered medically necessary nor a standard of care.

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

ODG-Official Disability Guidelines & Treatment Guidelines