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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

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 claimant is a X who sustained an injury on X when X. Prior to the date of injury, the claimant had X. The claimant stated X had done well following these procedures until the date of injury. Following the date of injury, the claimant reported X. The claimant did describe X and X. The claimant was treated with X. No X or procedure records were included. The X noted X of the X at the X as well as between the X and X. X of the X and X of the X was also noted. There was X noted at the X and X. There was X. There was X noted between the X and X. A X to X noted. The X of the X noted X and X. X was noted. The X evaluation noted X in the X of the X. The X noted X to X over the X at the X and X. X was noted.

The proposed X was denied by utilization review due to the lack of current X or X.

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

In review of the clinical findings, the claimant reported X. The claimant's X and X noted the X. No X issues were clearly noted that would support the need for further X. The most recent X did not detail any X that would be X with X. The records also did not detail X of reasonable X treatment to include X or X. Therefore, it is this reviewer's opinion that medical necessity for X is not established as medically necessary and the previous denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE
SCREENING CRITERIA OR OTHER CLINICAL BASIS
USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE,
AND EXPERTISE IN ACCORDANCE WITH ACCEPTED
MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES**