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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. The request is for the coverage of the X.

The request was X. X use of X is only recommended in cases with X. X are X. There should be X. In this case, the claimant underwent X. Although the claimant had X. There is also X. As there remains X.

A designated doctor's examination by Dr. X took place on X. The claimant reported X. Prior X includes X. A X. On X, X. On X examination, the X. X was seen. X studies were X. The claimant was diagnosed with X.

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

Per ODG, "X. Since the X has been X." In addition, "X may only be considered X." In this case, there is X. The request for the 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