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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 member with a diagnosis of X. The request is for the coverage of X.

The new information was reviewed as well.

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

Based on records, the member was diagnosed with X on X. This was complicated with X and the member continued to have X as of X. Therefore, based on that, and in the setting of X, it is medically necessary and appropriate to do X. As such, ODG-Official Disability Guidelines & Treatment Guidelines Criteria have not been met. However, there are extenuating circumstances to allow for the coverage of X, for the diagnosis of X is medically necessary.

References:

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