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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 patient is X whose date of injury is X. The mechanism of injury is detailed as X. X underwent X on X. X dated X shows X. There is X. There is X. There is X. X underwent X on X. X underwent X on X and X. Office visit note dated X indicates that X reports that X continues to have X. It is reported that X presented on X (this

note is not provided) and reported X following the X in X. On exam X is X. X are X. X is X. Follow up note dated X indicates chief complaint is X. It is reported that X provided X. On exam X is X. X are X. X is X. Assessment notes X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that, "The claimant has X. There is a request for X. The claimant continues to have X. The claimant had X on X and X received X. X and X was not achieved from the X to consider a X. As such, this request is not medically necessary. Recommend non-certification." The denial was upheld on appeal noting that, "Official Disability Guidelines recommend X for X for X. The claimant reported X and X. Previous treatments have been trialed including X. X was reported while X. Per objective assessment, X such as X and X were X with X. However, there was a lack of objective documentation of improvement from X. Based on guidelines, X is not recommended if there was X from the X. Therefore, the request for X remains non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient underwent X in X. Office visit note dated X indicates that X presented on X (this note is not provided) and reported X following the X in X. There are X submitted for review. The duration of X is X. There is no documentation of X or X following X. Therefore, medical necessity for X is not established in accordance with current evidence based guidelines.

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

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG by MCG (X), Evidence-Based Medical Treatment Guidelines

