

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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X. The injury occurred when X.

On X, the patient was seen by X, for X. The patient had a diagnosis of X. The patient had X. X had been X. However, X had X. The patient was primarily X. The pain X. Average pain X. X had an X. X signed on X. X total score was X. On exam, the X. X testing of X. The diagnoses were X. The plan was to update the X.

On X, the patient was seen by X. The patient reported pain X. The duration of pain was X. The pain was described as X. There was X. There were X. The X status was X. The pain was X. The pain X. On exam, the X. The pain level was X. The diagnosis was X. The plan was to X.

On X, a Peer Review by X, M.D., indicated the request for X. Rationale: *“In this case, there is no documented evidence of X. There is no record of a recent X. X. Thus, this request is X. Guideline/Reference Used: Per ODG X Per Utilization Review Determination dated X, from X., the request for X.*

On X, a Peer Review by X M.D., indicated the request for X. Rationale: *“According to the ODG, X. In this case, peer review on X, non-certified a prior request for X. In this case, there is no documented evidence of X. There is no record of a recent X. X. For this review, it remains relevant that the records X. As a result, the appeal for X. Therefore, my recommendation is to X. Guidelines: ODG by X. X. Patient criteria for X: (1) X must be well documented, along with X. X must be corroborated by X. A request for the procedure in a patient with X. (2) Initially X. Criteria for use of X: Note: The purpose of X. There is no evidence that X. (1) X should be administered using X. X is not recommended. (2)X: At the time of initial use of an X. A X. Approval of a X. There should be an X. This recommendation only applies to X. (3X: Repeat X. This criterion is based on an emerging concept that the true natural history of X. Therefore, the following criteria should be considered: (i) X should require documentation that X. (ii) Repeat X is better supported with documentation of decreased medication requirement after the previous procedure. (iii) Based on X. No more than X.”*

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

According to the ODG, the criteria for X.

X

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

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