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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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. On this date, X was X. Diagnosis is X. X underwent X. X shows status X. X release X. X revealed some X. Treatment to date includes X. X was seen by X., DC on X for a follow-up evaluation. X denied any X. X reported X. X. X was present. The X remained X. The X showed X. X testing was X. X was X. Treatment to date included X. X request indicates X.

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

The request for X. The initial request was X. There is X. It is unclear if the patient has X. There is X.” The denial was X. The patient has continued X. Guidelines recommend X. As such, the patient appears to be an X. However, the preauthorization form X. Clarification is X.” There is X. The patient’s date of injury is X. There are X. The patient X. As noted by previous reviewer, it is X. The request for X.

**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**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME**

**FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**