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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. The patient injured X. On X, there was an X. X is X. X at X is noted. X is evident from X. The claimant was seen in X. X reported X. X was X. The X. X was X. X had X. X had a X. Results of X examination revealed X. X of the X. X was X. There is X. X at X. Progress report dated X. X in the 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. The initial request was X. However, the clinic note detailed X. The denial was X. The clinical presentation should be X. There should be an X. In the clinical record submitted for review, there were X. The claimant reported X. X was X. There was X. These were all signs and symptoms of X. In addition, X. There is X. Current evidence based guidelines require documentation of X. The submitted clinical records indicate that this patient presents with X. There is X. Therefore based on the clinical information provided, 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**