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

The request was X: This case involves a now X with a history of an X, The mechanism of injury was X. The current diagnoses are documented as X.

Progress notes dated X indicated that the member X. X examination indicated X. Prior relevant treatment included X. X was not noted. Progress note of X, reported X. A X exam was noted. X was refilled.

On X revealed only a X.

On X, the member reported X. X was X. A X was present at X. Prior X. On X, an X was refilled. On X, X.

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

Per ODG guidelines regarding criteria for X. X must be corroborated by X. A request for the procedure in a member with X." In this case, there is X. There is X. There is X. X is X. As such, ODG-Official Disability Guidelines & Treatment Guidelines have X. Therefore, the request for 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