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Notice of Independent

Review Decision

IRO REVIEWER REPORT
X

IRO CASE #: X

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 Upheld (Agree)

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 a X whose date of injury is X. The injury occurred while the patient was X. X has been diagnosed with X. X also has a history of X. X has X. X height is X. X is a X. As of X, the patient is on X. Office visit note dated X indicates that the patient presents for X. It was associated with X. The X interfered X. The patient's current medications included X. Examination of the X revealed X. X was X. X testing revealed X. X was X. X were X. The physician recommended scheduling for X. Office visit note dated X indicates that X presents for follow up after X on X. X dated X indicates X. The provider recommends the patient continue to X. Recommending that the patient have an 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 non-certified noting that "While there is an indication of X. Further, there is no indication of a history of X." The denial was upheld on appeal noting that " X. However, the issues raised in the last review, namely attempts at X. As a result, the appeal for an X." There is X. There is X. There is X. Therefore, medical necessity is not established in accordance with current evidence based guidelines as it relates to 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