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## **Notice of Independent Review Decision**

SENT TO:

### **IRO Reviewer Report**

Date notice sent to all parties: X, Amended X

**IRO Case #: X**

### **DESCRIPTION OF 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:

Upheld (Agree)

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

Texas Department of Insurance - IRO Request Details - Undated  
X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X with a diagnosis of X chronic pain syndrome and X low back pain. The request for the coverage of X.

The request was previously denied stating: X is not appropriate and medically necessary for this diagnosis.

A utilization review report dated X identifies an adverse determination due to lack of documentation of the dosage needed in the request, and that an appeal dated X identifies that the use of the X.

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

Regarding the request for X date of service X, ODG by X, necessitates documentation that X. The time between X. A programming session may occur along with or separate from X. Given that X. X is recommended as the initial medication for an X. Second stage medications include the addition of X. X may be used to treat intractable spasticity as a third line medication. In addition, the efficacy and continued need for this intervention and refills should be periodically reassessed and documented, and the levels of drugs administered intrathecally should be significantly below what might be needed orally in their absence, and a psychological evaluation and clearance before any implantation, plus positive response to a trial.

Within the medical information available for review, there is documentation of a request for X. Additionally, there is a previous adverse determination due to lack of documentation of the dosage needed in the request. An appeal dated X identifies that the use of the X. However, the prior adverse determination's concern has not been addressed, and the current request remains open ended, as there is no clear documentation of the X. Therefore, the requested X is not medically necessary.

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

**THE DECISION:**

Medical judgment, clinical experience, and expertise in accordance with accepted medical standards

ODG- Official Disability Guidelines & Treatment Guidelines