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Notice of Independent Review Decision

IRO Reviewer Report

X; amended date X; amended date X

IRO Case #: X

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:

Non-Certify/Upheld

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X with a diagnosis of M47.816 spondylosis without myelopathy or radiculopathy, lumbar region, Z98.1 arthrodesis status, and M79.18 myalgia, other site. The request is for the X.

The request was previously denied stating: Based upon the medical documentation presently available for review, medical necessity for this specific request as submitted is not established. The submitted clinical documentation does not provide specifics to indicate that the utilization of a X. As a result, at the present time, for the described medical situation, the medical necessity for this specific request as submitted is not established. Attempts at conducting a PEER-to-PEER review were not successful. Presently, for the described medical situation, the medical necessity for this specific request as submitted is not established.

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

ODG by MCG (www.mcg.com/odg) states Ongoing management: (b) X (e) X(f)X.

Within the documentation available for review, there is documentation that an adverse determination was rendered regarding the request. However, there is no clear documentation that the X. In addition, there is no clear documentation of the results of X. Furthermore, there remains no clear documentation that this specific medication is improving the member's function (in terms of specific examples of functional improvement). As such, the previous adverse determination's concern has not been

addressed. Therefore, the request is still not medically necessary.

As such, ODG-Official Disability Guidelines & Treatment Guidelines criteria have not been met. Therefore, the request for the X is not medically necessary.

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG-Official Disability Guidelines & Treatment Guidelines