



7111 Fairway Drive  
Suite 201  
Palm Beach Gardens, FL  
33418  
Toll Free: 888-920-4440  
Email: @danestreet.com

## **Notice of Independent Review Decision IRO Reviewer Report**

X; amended 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:

Upheld/non-certify.

### **Information Provided to IRO for Review:**

X

**Patient Clinical History [Summary]:**

This is a X with a diagnosis of X radiculopathy, lumbar region. The request is for the coverage of X.

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

There is insufficient evidence to support this. There is no documented duration of failed conservative treatment. There is no documented exam, subjective complaints of radicular pain, or Magnetic Resonance Imaging to review. As such, ODG-Official Disability Guidelines & Treatment Guidelines have not been met. Therefore, the request for the coverage of 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