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IRO Reviewer Report

X, amended on X

IRO Case #: X

Description of the service in dispute:

Х

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Х

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:

Х

Patient Clinical History [Summary]:

This is a X with a diagnosis of X sprain of ligaments of the lumbar spine, subsequent encounter, and X radiculopathy, lumbar region. The request is for the coverage of X.

The request was previously denied stating: The request is not recommended as medically necessary. The most recent office visit note submitted for review indicates that on physical examination the member has X. There is no documentation of X. The request for X. Therefore, I recommend non-certifying this request.

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

The treating provider is asking for coverage of X. The request was denied. On appeal, the denial is upheld. There is not enough information to know if these procedures are medically necessary.

X may be medically necessary in certain circumstances. It is usually done to help low back pain with radiculopathy. The treating provider X. There is insufficient documentation to support that X. In this case, X. The treating provider X. The diagnosis is unclear. There are no notes that show the results of X.

The initial denial line of reasoning is appropriate. There is no documentation stating the medical necessity for a X. There is no documentation of X. The request for X.

Since there are X is not shown to be medically necessary. Therefore, it cannot be approved. Since the X is not approved, X is not needed. Therefore, it is denied as well.

Therefore, I recommend non-certifying this request. As such, X: X criteria have not been met. Therefore, the request for the coverage of X is not medically necessary.

References:

X.

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

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