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Notice of Independent Review Decision

Date of Notice: X; amended X

RE: 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 member with a diagnosis of X - spinal stenosis, lumbar region without neurogenic claudication, X- radiculopathy, lumbar region. The request is for the coverage of X.

The request was previously denied stating: As the X request is not indicated, there would be no requirement for X. Further, ODG would not support the use of X following X only. Therefore, the request for X is

not medically necessary.

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

The medical records do not establish that the requested services are medically necessary. The submitted medical records do clearly demonstrate the presence of a radiculopathy which correlates with the imaging findings. Furthermore, the imaging findings do not clearly demonstrate nerve root impingement of the left Sacral 1 nerve root. The requested X is not supported as well for the requested X procedure. As such, ODG-Official Disability Guidelines and Treatment Guidelines criteria 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