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Notice of Independent Review Decision IRO Reviewer Report

X, amended on X, amended on 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 sprain of ligaments of the lumbar spine, subsequent encounter, and X radiculopathy, lumbar region. The request is for the coverage of X. There is no documentation of X. The

request for X.

Since there are no medical records, the requested 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, ODG-Official Disability Guidelines and Treatment Guidelines criteria have not been met. Therefore, the request for the coverage of X, for the diagnosis of X sprain of ligaments of the lumbar spine, subsequent encounter, and 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:

ODG-Official Disability Guidelines and Treatment Guidelines