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Notice of Independent Review Decision

Date of Notice: x; amended x

RE: IRO Case #: x

Description of the service to 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

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

All of the listed records were reviewed.

The member is a X individual who sustained an injury on X. The member was X.

The member was diagnosed with other symptoms and signs involving cognitive functions and awareness, postconcussional syndrome.

On X, the member was evaluated by X, MD. The member stated that the

headaches on a daily basis are intractable, which can last between X and X days at a time. The member's headaches are X. The member has also experienced paresthesia on the left side of the face and head with headaches. The member cannot occur randomly at other sides but is more predominantly located in the left hemicranial distribution. The member continues to have X. The member also reported having significant X. The member has X. The member is currently having X. The member stated that the member cannot look down or that the member becomes extremely disoriented. Examination showed X.

Peer report dated X, by X, MD, indicated the request for X was non-certified, noting there is a X.

1. X.

Upheld

No. The X is not medically necessary according to generally accepted standards of care. The member sustained an injury on X when a X. On X, the member was evaluated by X, MD. The member stated that the headaches on a daily basis are intractable, lasting between X and X days at a time, and are associated with X. The member has also experienced paresthesia on the left side of the face and head with headaches. In this case, although the member continues to X. Peer review dated X appropriately notes that there is a X. Standard neurological assessment and imaging techniques exist for X; however, the X is not supported as an evidence-based or medically necessary approach within current clinical guidelines.

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

ODG by MCG does not specifically address the request.