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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW: X**

**IRO CASE #: X**

**DESCRIPTION OF THE SERVICE OR SERVICES 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 (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The member has a history of X.

X prostate-specific antigen (PSA) nadired to undetectable after surgery, then slowly increased to X ng/mL in X, X ng/mL in X, and X ng/mL by X, consistent with biochemical recurrence. A prostate-specific membrane antigen (PSMA) positron emission tomography (PET) scan in X showed X.

X has a strong urinary stream with mild to moderate lower urinary tract symptoms, stable erectile function, and is fully active with Eastern Cooperative Oncology Group (ECOG) performance status of X. Given X slow PSA rise, adverse pathologic features, good functional status, and absence of detectable metastatic disease, X was evaluated in X for X, with plans for X

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The X explained that in this member with a rising PSA following radical prostatectomy and no evidence of distant metastatic disease on PSMA PET imaging, X is medically necessary and consistent with ODG Treatment Guidelines.

ODG guidelines for prostate cancer management support X for patients with biochemical recurrence after prostatectomy in the absence of distant metastatic disease, with the goal of achieving durable biochemical control and preventing disease progression. ODG recognizes that early initiation of X at low PSA levels is associated with improved oncologic outcomes and does not require documentation of multiple PSA rises when a clear upward trend consistent with biochemical recurrence is present.

In this case, the member's PSA has demonstrated a documented rising trend to X ng/mL, consistent with biochemical recurrence following prostatectomy and meeting ODG criteria for medically necessary X without the need to delay treatment for additional confirmatory PSA measurements.

This recommendation is concordant with national evidence-based standards, including the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology for Prostate Cancer, which similarly endorse X for patients with a detectable and rising PSA after surgery, emphasizing initiation at low PSA levels to maximize biochemical control.

X is medically necessary and consistent with ODG treatment parameters for post-prostatectomy radiation, as highly conformal techniques are recommended to ensure adequate target coverage of the prostate bed while minimizing dose to surrounding organs at risk, including the bladder, rectum, and bowel. Use of X allows safe and effective delivery of X consistent with ODG and NCCN standards of care.

Therefore, I have determined that the coverage for X are medically necessary for treatment of this member's condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING  
CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE  
THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF  
OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM  
KNOWLEDGEBASE**
- AHRQ-AGENCY FOR HEALTHCARE RESEARCH &  
QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION  
POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF  
CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE  
AND EXPERTISE IN ACCORDANCE WITH ACCEPTED  
MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY  
ADVISOR**

- TEXAS GUIDELINES FOR CHIROPRACTIC  
QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED  
MEDICAL LITERATURE (PROVIDE A DESCRIPTION):  
NATIONAL COMPREHENSIVE CANCER NETWORK. *NCCN  
CLINICAL PRACTICE GUIDELINES IN ONCOLOGY:  
PROSTATE CANCER. VERSION 1.2026.***
- OTHER EVIDENCE BASED, SCIENTIFICALLY  
VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**