



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

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Notice of Independent Review Decision

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X.

Office visit report by X, dated X, documented the claimant presented with progressive worsening of pain along the X. Dr. X stated the claimant underwent X. Furthermore, Dr. X reported that the claimant underwent X. The claimant reported X had “a X which is X. Dr. X documented the claimant was X. Objective findings on examination by Dr. X included X. Dr. X reported MRI report of the X noted “X”. Dr. X further reported MRI report of the X performed on X noted “X”. Dr. X documented EMG performed X was normal. X-ray report of the X performed X noted “X.”. Dr. X reported the claimant X.” Dr. X diagnosed the claimant with X.

Ultrasound report dated X noted “X. X signals are normal with exception of the X. The X.”

Prior denial letter from X denied the request for coverage of X stating the “claimant does not meet the ODG as the objective physical exam findings do not meet the criteria” and “did not meet X. All the criteria are still not met. Therefore, the procedure would not be considered medically necessary.”

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

This is a X diagnosed with X.

According to ODG Treatment/Disability Duration Guidelines, indications for surgery for X.



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In this case, the claimant reports pain in X. The pain was associated with X. The treating provider reported the claimant received physical therapy from X. However, it was noted an EMG performed X.

Therefore, the claimant does meet the criteria for surgery for X is not medically necessary and appropriate.

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

1. ODG Treatment Disability Guidelines.