



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

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

| <b>Type of Document Received</b>  | <b>Date(s) of Record</b> |
|---|--------------------------|
| Office Visit Transcription by X, PT   | X                        |
| X MRI Report by X, MD   | X                        |
| Office Visit Note by X, MD  | X                        |
| Surgery Coding for X, MD / Surgical Procedure by X, MD                                      | X                        |
| Email Records by X  | X                        |
| Utilization Review Referral by X, MD  | X                        |
| Medical Claim Review Summary from Coventry Wokers' Comp Services                            | X                        |
| Notification of Adverse Determination from XX XX XX Services                                | X                        |
| XX Referral by X, MD  | X                        |
| Fax Adjuster/Pre-certification for Psychological Evaluation and Testing Checklist From X PC | X                        |
| Confidential Diagnostic Interview/Office Visit by X , MD, X, PhD, and X Psy. D              | X                        |
| Authorization/Surgery Form by X, MD   | X                        |
| Notification of Reconsideration Adverse Determination from X                                | X                        |
| Request for Independent Review Form by X  | X                        |
| Notice to Medical Evaluators of Texas ASO, LLC of Case Assignment                           | X                        |



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**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who injured X X on X while X at work. The claimant reported X felt sore but was able to continue X job for the day X.

Office Visit Note by X, MD dated X documented the claimant complained of pain that started in the “X. X states that X feel equal. X is concerned with X pain. The pain is XX and X pain. The pain is continuous and is rated a X scale. The pain is generally worse X and the patient describes it as X in nature. The pain is impacting X. The patient has tried X without significant improvement. The patient is not currently taking any medications. Conservative management has entailed X. Patient stated that the X X pain worse. The patient X.” Objective findings on examination documented by Dr. X included X normal X, “X”, and X raise test. Dr. X documented X x-rays performed on X revealed X. Dr. X further documented the claimant was a “current X”.

The claimant had MRI of the X performed by X, MD on X that revealed “fluid in the X; at the X there was X, X, a stable X, a stable X and a stable X (X) extending X body producing X, X; and stable X.”

Office Visit Note by X, MD dated X documented the claimant reported X pain had worsened since X previous visit. The claimant expressed concern with “X pain that is X The X has worsened.” Objective findings on examination by Dr. X included X”, intact X Dr. X diagnosed the claimant with X and X. Dr. X recommended the claimant undergo a X.

Prior denial letter from X XX XX XX XX, Inc. dated X denied the request for X “There was no evidence of any significant X that would support proceeding with X in addition to X. There was only



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mild X. ODG does not recommend X to address X. Additionally, there were no records supporting failure of non-operative measures to include X. The records also did not include a recent clinical assessment of the claimant. The last evaluation is almost X. It is also unclear if the claimant's X had been addressed and the claimant was compliant X. As the X request is not indicated, there would be no X. Additionally, the X requested for the X stay would be excessive based on ODG recommendations.”

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

The claimant is a X-year-old X diagnosed with X pain and X, and the request is for coverage of for X.

According to Official Disability Guidelines (ODG), the criteria for X require evidence of X) with at least X. In this case, the documentation revealed that this claimant's imaging studies showed evidence of X(X), X, and X, but no evidence of X. According to ODG, X is not recommended for X, X, X without X pain. The treating provider did not document any medical explanation for the need of X in the clinical documentation submitted for review. It is also unclear if the claimant continues to X , as this increases the risk of complications after X. Since the requested X is not indicated, the X is also not medically necessary. Also, the requested X exceeds ODG recommendation of X of X.

Therefore, based on ODG guidelines and criteria and the clinical documentation as stated above, the request 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**