



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

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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X when X was employed at X. History and Physical Note by X, MD dated X documented the claimant complained of X. The claimant “rated X pain X pain X. X has completed X and states X has minimal improvements, has had X and will consider X. X is currently working with X Dr. X.”

Objective findings on examination by Dr. X included X; limited X; moderate to severe pain with X ; moderate pain with X; positive X sign on X; intact X; subjective decreased X; positive X; and X. The claimant was diagnosed with X. Dr. X reported the claimant was “in X visits of X. X is taking X. X symptoms have not improved with



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X...X previously had an MRI from X which showed X.” Dr. X ordered the claimant undergo an MRI of the X and referred X to X for X.

Peer Review report from X dated X documented, “The claimant has had X visits of X to date, per guideline recommendations, and has had noted improvement with this treatment. Additional X would be excessive according to ODG. Additionally, the claimant should be instructed in a X program by this time, and there appears to be no reason that the claimant could not address any remaining X with X. Therefore, X is not medically necessary.” Denial Letter from X dated X denied the request for X based on “guidelines which are developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions.”

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

The claimant is a X who was diagnosed with X. The request is for coverage of X.

The Official Disability Guidelines (ODG) for the diagnosed condition recommends X visits over X weeks of X program. The review of records submitted revealed the claimant has already been treated with X visits of X to date. The most recent progress note dated X documented that “X symptoms have not improved with X.” The recommended additional X visits of X would be excessive to the ODG recommendation. Additional X exceeding ODG recommendation requires documented objective functional improvement with the prior treatment provided. Additionally, it is not clear from the documentation provided why the claimant should not



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be able to perform X program at this time. There appears to be no reason that the claimant could not address any remaining X.

Therefore, it is the professional opinion of this reviewer that the requested X is not considered medically necessary and appropriate.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES – Online Version**