



**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

**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**

This case was reviewed by a physician board-certified in X and licensed in the State of Texas.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination should be:

X

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X when X, per progress note dated X. Progress note dated X and X documented the claimant's complaints of X since X which was aggravated by X. The progress notes dated X and X, also noted that the claimant reported X. Objective findings on exam included X. Additionally, it was documented in the progress notes dated X and X, the claimant underwent X. The claimant also underwent X. The patient was diagnosed with X was recommended.

Prior denial dated X denied the request for X between X and X based on the Official Disability Guidelines and is recommended as a short-term treatment for X. "X must be well documented, and



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symptoms must be initially X. X are not routinely recommended unless there is evidence of X. X should require documentation of X. Moreover, it is indicated that X is not recommended if there is an X. X should be administered using X. Regarding the X, the guidelines recommend the procedure as a diagnostic tool for patients with X. It is indicated to determine the level of X when the diagnosis remains uncertain after a standard evaluation using a X. This is also to determine X when there is evidence of X. Based on the submitted documentation, the claimant presented with X. The provider request for X. The guidelines state that X is not recommended if there is an X. Upon reviewing the medical record, there was no documentation of X as well as X. Given the lack of benefit from previous X is not warranted at this time. Hence, the requested appeal for X is non-certified.”

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

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

According to the ODG Treatment/Dissability Guidelines X are recommended primarily for the short term treatment of X. X are not recommended for the treatment of X. Furthermore, a X is recommended for patients who received X.

In this case, the medical records document a diagnosis of X. There is also a lack of X. The claimant’s primary clinical complaint appears to be X. Furthermore, the records indicate that on X a X. Based on lack on clinical improvement in the X with the X is also not indicated.



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Therefore, based on ODG guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for coverage of 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:**

- **ODG Treatment/Disability Guidelines**

[GG/KG]

*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES* With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).