



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

IRO REVIEWER REPORT

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 Board-Certified X.

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained injury to the X. X was seen for follow-up X evaluation on X by Dr. X who reviewed X MRI findings and recommended X. MRI findings included in Dr. X note were: X. The formal MRI results were included with this request however were not legible due to blurring. X exam findings were included in Dr. X note, and there was no description of X.

This case underwent 2 prior adverse determinations. On X, the case was noncertified as X is not medically necessary X. Appeal letter from Dr. X dated X re-

requested approval for X as patient had X. On X, prior adverse determination was upheld for the same reason.

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

According to the Official Disability Guidelines (ODG), X. There were X examination findings X. Other than the appeal letter dated X describing that the claimant X, there is no detailed description of X. Therefore, it is my medical opinion that the request for coverage of X is not medically necessary and the request is noncertified.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
Official Disability Guidelines (ODG)**