



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

2211 West 34th St. ●
Houston, TX 77018
800-845-8982 FAX:
713-583-5943

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR
EACH PHYSICIAN WHO REVIEWED THE DECISION**

The case was reviewed by a physician board certified in X

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. The mechanism of injury is unknown. Initial Evaluation Note by X dated X documented the claimant had an X. Dr. X reported the claimant X. The claimant reported the X provided X.

Operative Report by X dated X documented the claimant was diagnosed with X. Dr. X further documented the claimant underwent X and X and X.

Operative Report by X dated X documented the claimant was diagnosed with X. The claimant underwent X.

Follow Up Note by X dated X documented the claimant reported X. We were able to X.

Follow Up Note by X dated X documented the claimant reported

X. Objective findings on examination included X. Dr. X documented the claimant's X. Dr. X further documented X.

Prior denial letter X denied the request for X. Follow-up notes as X states there is at least X. However, it is X. There is X. Also, there is no mention of any continued X. Accordingly, this request is not supported."

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

This is a X. The request is for X.

The ODG Treatment/Disability Guidelines recommend that X. The guidelines also recommend that the X can be repeated when there is documentation of X following a X. The clinical records indicate that the claimant had X.

There is X. There is documentation of X. The medical records indicate that the criteria for a X have been met. Furthermore, there is documentation of X and X. These X. ODG recommends when X.

Therefore, based on the referenced evidence-based medical guidelines/literatures, as well as the clinical documentation stated above, it is the professional medical opinion of the reviewer that the request for coverage of X is medically necessary and appropriate.

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

1. ODG Disability/Treatment Guidelines, Pain (updated X).
2. ODG Disability/Treatment Guidelines, X
3. X et al. X. A systematic appraisal of the literature. Pain Physician X