

 **MEDICAL EVALUATORS
OF TEXAS** ASO, LLC.

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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 who is board certified in X.

REVIEW OUTCOME

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

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X when the claimant was X.

X dated X documented X. Some of the X.

X documented an X. In this patient's clinical context, these findings
are consistent with the X.

Progress Note by X MD dated X documented the claimant reported
X. Dr. X documented the claimant reported constant X. Dr. X.
Objective findings on examination included X. Dr. X assessed the
claimant had X. Dr. X recommended the claimant X. Dr. X
documented X would X.

Prior denial letter from X denied the request for X The records
submitted for review would not support the requested procedure as

reasonable or necessary. In review of the clinical findings, the claimant still X. However, the claimant's X. There was X. The current X. The records also did X. Given these issues which do not meet guideline recommendations, this reviewer cannot recommend certification for the request."

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

The X with X and the X.

The medical records document the claimant was X. The clinical encounter on X. However, subsequent X. On X, the claimant was noted to have X. Furthermore, on X, the claimant was noted to have X. It was also documented that the claimant had X. X notes were provided in the records. The most recent clinical X. The Official Disability Guidelines recommends X. While the claimant would X. X of the X is not recommended unless the X. In this case there was no documented evidence of X.

Therefore, based on the referenced-evidence based medical literatures/guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that 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 DECISION:

1. X of the X

2.ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

3.ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES