



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

**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]:**

The claimant is a X who sustained an injury on X. The mechanism of injury was by a X. Per Phone Note by X, MD dated X, the claimant reported that X. X was also X with X. The X were X. Office Visit Note by X, MD dated X revealed the claimant reported that X had X. X had also used X. X would like to proceed with X. It was noted that X had been X and stated that X was X. X wanted to be scheduled for a X. X was done on X and X dated X also non-certified the request for X. It was noted that based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified. Measurable documentation of X was still not addressed. X of response to X including X and X before considering this request. Medical records dated X noted that the claimant reported X. There was significant X. The MRI was noted to show a X. Other documented examination findings included X.

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

After careful review of the records submitted, it is the opinion of this reviewer that the claimant X. The medical records revealed that progress note dated X noted that the claimant reported X. There was X. The MRI was noted to show a X. Other documented examination findings included X. The records indicate that the claimant had X. The Official Disability Guidelines (ODG) supports the utilization of series of X. The diagnosis of X. The standard X. Therefore, it is my professional medical opinion that the requested X procedure is medically necessary and appropriate for the treatment of this claimant's medical condition.

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

**Official Disability Guidelines Treatment Index, 25th Online Edition 2020  
Pain Chapter (updated X)**

**X**

Not recommended based on a X. Since X has been widely performed, despite lack of evidence of effectiveness, other more proven treatment strategies like X. X are also not recommended. X may only be considered as a last option for limited, select cases with a diagnosis of X and as a X.

When performed as a last option:

Indications (based on historical consensus) for use of X and X:

- (1) There should be evidence that all other diagnoses have been ruled out before consideration of use.
- (2) There should be documentation that the X have been evaluated for and fulfilled.
- (3) If a X is utilized for diagnosis, there should be documentation that it fulfills criteria for success including X. Documentation of X should occur. This is particularly important in the diagnostic phase to avoid overestimation of the X. A X should be documented for X. [Successful X would be noted by X.
- (4) X use of X is only recommended in cases that have positive response to X and X are fulfilled (See #1-3). These X are only recommended if there is evidence of lack of response to X.

- (5) In the X. These X succession in the X of treatment with X. Continuing treatment longer than X is unusual.
- (6) In the X should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased X is documented to permit participation in X. X are not a stand-alone treatment.
- (7) There should be evidence that X is X with the X.
- (8) In acute exacerbations of patients who have documented evidence of X.
- (9) A formal test of the X should be documented X.