



**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]:

This case involves a X. MRI of X revealed X. There was X. Of note, there was also X. On X clinic visit with Dr. X, the claimant complained of X. Pain level reported X. Prior treatments included X. Review of X. X revealed X. Patient was diagnosed with X. X was requested with X. At clinic visit X, the claimant complained of X. X was performed X.

Follow-up clinic visit dated X revealed the claimant complained of X. X was X. Pain level X. The claimant was X. X reported X. On X, the claimant had X. Recommendation was made for X. If successful, provider would request X.

On X clinic visit, the claimant X. No subjective X. Prior request for X was denied. On X, there were X. There was X reported. Request again made for X.

This case X adverse determinations. On X, the case was determined noncertified

as the claimant had X. Appeal request on X was denied because although there were X.

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

According to Official Disability Guidelines (ODG), X is indicated for patients with X. There is documentation that the claimant has X. The requested X has been made for X. Although during the X. Clinical improvement was noted and X. Additionally, the MRI report does X. Given the clinical X. Thus, the request for X is medically necessary and appropriate.

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

Official Disability Guidelines – Online Version

X

Recommended, but X. X may be performed with the anticipation that if successful, treatment may proceed to X.

See X.

Criteria for the use of X.

1. One set of X.
2. Limited to patients with X.
3. There is documentation of X.
4. No more than X
5. Recommended X.
6. No pain X.
7. X should not be given as a X.
8. The use of X.
9. The patient should document X.
10. X should not be X
11. X should not be performed in X
12. In patients who have had an X is recommended.