



**MEDICALEVALUATORS
OF TEXAS ASO,LLC.**

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

Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

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

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 while X. The claimant developed X. X documented the claimant's X diagnoses were X. X documented X of X.

Progress Note by X dated X documented the claimant X. Dr. X documented the claimant was X. The symptoms are X that X.

Otherwise X is X with X." Dr. X documented the claimant's X would be X. Dr. X further documented the claimant's X would be X and X.

Medical Imaging from X dated X documented the claimant underwent X of X. There is X at the X. X of X as well as X. 2. X and X most pronounced at with X.

Progress Notes by X, MD dated X documented the claimant reported X. The claimant rated pain X. Dr. X documented the claimant reported X. X says X. X describes it as X. X says it is X." The claimant's X consisted of X. Documented physical exam findings included no X. Dr. X diagnosed the claimant with X. Dr. X documented the claimant X." Dr. X also X.

Prior denial letter from X dated X denied the request for X stating X. The patient complained of X. There was also X of X. However, there was a lack of documentation regarding the patient's X. There was also a lack of documentation regarding the X. The examination on X also failed to provide X such as X. Recommend noncertification."



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

The claimant is X diagnosed with X. The request is for coverage of X.

A thorough review of records indicates there are X with X. The X medical record document X or X when X. The pain score was reported as X. Additionally, the X were X. The records also document X. It should be noted that the request under review is for X. It should therefore not be considered X.

The ODG Guidelines recommend that X. The guidelines advise that X can be X to 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 coverage of X, is medically necessary and appropriate for this claimant.

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

1. ODG Treatment/Disability Guidelines
2. **ODG Treatment/Disability Guidelines**
3. **ODG Treatment/Disability Guidelines**
4. X