



17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
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Notice of Independent Review Decision

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 X who X on X. X reported X. The X performed on X showed X. There was X. There was a question of X. As there was no X, the X did not feel this X. There was a X. There was a X. There was a X. There was X. The X was X.

The X showed some X. The X were X. There was X but not involving X.

The progress note dated X reported X reported pain in X. The pain reportedly X. The pain was rated X in X and X. There was no X exam documented. The diagnoses were X. The claimant was referred to X.

Progress note by X, MD dated X revealed the claimant reported X. The pain was rated X. Physical examination showed X. X and no X. There was no X examination documented. X caused X. X testing showed X. X and X. The assessment was X. Dr. X recommended X.

Dr. X provided an adverse decision for X and Dr. X on X. Dr. X re-evaluated on X and noted that X reported pain of X. The X went to the X and X. The X pain went to X. There was no X exam. There was X. They felt X needed X.

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

According to the Official Disability Guidelines (ODG), the criteria for X are recommended on a case-by-case basis as a X for X. In this case, the physical examination showed no objective evidence of X. There is a subjective description of X. However, there was no description of X. There was documentation of X. However, there was no

definite X. Additionally, ODG indicates X.

According to ODG, the Criteria for the use of X require X. X are indicated as X of X in X. In this case, there is X. The physical examinations also showed no documentation of X. Therefore, there is insufficient evidence to support the use of X. Furthermore, guidelines do not support administering X.

Therefore, based on the review of records submitted and Official Disability Guidelines, it is the opinion of this reviewer that the request for coverage of 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:

Official Disability Guidelines (ODG)

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