



**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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is X. X was X. X of X. X has X. X did X. The X showed the X. X was X. On the X, the X. X of X. During X was noted. On X it was noted that X. The X. On X. The treatment X. The X of the X. X was noted to X. X is X. X at time of visit consisted of X. X notes showed X was X. Notes show X stated X has X.

The request for X was submitted X and was non-certified on appeal.

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 X. The clinical records provided for X. The X was noted as X. The X findings were X. The ODG require a X. The records X. There was X. The X had been X. The request for X. There was X. Therefore, based on the referenced Official Disability Guidelines, it is the professional opinion of this reviewer that the request for X was 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 Treatment Index, 25th Online Edition 2020