



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X who was injured on X while working as X. The claimant reported that while on duty X.

Behavioral Evaluation and Request for Services Report from The X dated X documented the claimant had X. The claimant reported X had received X. The report further documented the claimant's X symptoms included X. The claimant denied being X and stated X took over the counter X. The claimant further denied taking X. The claimant reported the primary location of X pain was in X. The report further documented the claimant reported having difficulty managing X pain and experienced great interference with X activities of X. It was stating that "Being that patient has not been able to become X, we are requesting that X participate in X."

Prior denial letter from X dated X denied X stating "Additional records included an appeal on X, which suggested the reviewing physician did not provide a specific reason for noncertification of the X and asserting that the claimant meets official Disability Guidelines criteria. The claimant has had X. There is no objective documentation the claimant is not a candidate for X based on the orthopedic physician's recommendations. The claimant has been X. If there is a program planned for a claimant who has been continuously X, the outcomes for the necessity of use should be clearly identified as there was conflicting evidence X. The case was discussed with X, who was unable to provide additional clinical information to warrant the request. The request for reconsideration of X is not certified."

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



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This is a X who was injured on X while working as an X. The request is for coverage of X.

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

**1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.