



**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]:

The claimant is a X who sustained a work related injury on X. The mechanism of injury was not documented in records provided. Progress Note by X, MD dated X documented the claimant reported X that X described as X. The claimant rated X pain X and stated it occasionally radiated into X. Objective findings on examination by Dr. X included significant X. Dr. X diagnosed the claimant with pain in X. The claimant's medication consisted of X. Dr. X documented the claimant had X. Dr. X recommended the claimant undergo X.

Prior denial letter from X dated X denied the request for X. The patient has X. Normal X examination. No positive X tests documented. Currently treated with medical management. A successful peer-to-peer call with X, MD ... We discussed the patient medical history along with the guidelines and request in detail. No additional information provided during peer to peer. Therefore, the request for X is not medically necessary and appropriate.”

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

This is a X sustained a work related injury on X and the request is for X.

According to ODG Treatment/Disability Guidelines,X. Additionally ODG states X are “not recommended X for X.” In this case, a thorough review of the medical records submitted reveals the claimant complained of X. The documented exam findings were significant for X. There was no documentation of X exam



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

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

maneuvers/tests or other findings to confirm the source of pain to the X. Furthermore, there were X.

Therefore, based on the ODG guidelines and criteria and the clinical documentation stated above, it is the professional 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:**

**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.