



OF TEXAS ASO, LLC.

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DATE OF REVIEW: X

IRO CASE #: X

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 physician who is board certified in X.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination should be:

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X who was injured on X when X. The claimant injured X. The claimant underwent X. The claimant also reported pain in X.

X Report from X documented an impression of X and a X. The X are X. X and a X causing X and X. The X is likely X. X with X.

X Report by X, dated X documented the claimant underwent a X. EMG Report by X, MD dated X documented and X.

X Evaluation by X dated X documented the claimant reported X had returned more than X. The claimant complained of X and X. Objective findings on examination included X changes were noted. X recommended the claimant undergo X in the X approach with X. X documented the claimant reported X feels X while is somewhat helpful has not X received well over X. Due to X status, X will be on X as well as X. X has X and X. X will require X in the X.

Prior denial letter from X dated X denied the request for X “In this case, a prior X is noted to have X a return to work. However, there is no documented indication for X in this case. X is very seldom indicated for X and no extraordinary circumstances are documented. The request is not shown to be medically necessary.”

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

The clamant is a X diagnosed with X and the request is for X approach with X.

According to ODG repeat X are recommended for the treatment of X when X and X. ODG also allows for the utilization of X. It is recommended a patient should remain alert enough to reasonably converse.

A thorough review of records revealed the MRI, X and X findings are consistent with X. The treating provider documented the claimant experienced return of X that did not respond to X with X. Furthermore, the documents show X and return to work following the X. The records also X and X.

Therefore, based on the ODG guidelines and criteria, 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.

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

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