



**MEDICAL
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 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/adverse determinations should be:

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X who was X when X.

X Report by X, MD dated X documented the claimant X.

Progress Note by X, MD dated X documented the claimant X. The
claimant X. X on examination by Dr. X. Dr. X diagnosed the
claimant with X. Dr. X documented the claimant X.

X MRI Report from The MRI Center X documented an X. There is
X.

Progress Note by X, X documented the claimant reported X had been in the X. The claimant further reported X. X on examination by X included X with X. X documented the claimant's diagnosis as X. X documented X ordered a X and be evaluated."

Patient Case Note from X documented the claimant reported X. The claimant further reported X.

Prior denial letter from X denied the request for X. There is also no record of X.

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

The claimant is a X diagnosed with X and the request is for coverage of X.

A thorough review of records indicate the claimant underwent X. The claimant reported X. Based on progress note dated X, the claimant was X. Based on these clinical findings, the claimant meets all criteria X.

Therefore, based on the referenced evidence-based guidelines, 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:

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X Patient criteria for X: