



**17119 Red Oak Rd  
Unit # 90333  
Houston, TX 77090  
281-836-6171**

**IRO REVIEWER REPORT**

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 Board-certified X.

**REVIEW OUTCOME:**

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who has a X. X has a history of X. X is currently on treatment for X. CT of X dated X showed "X. X is seen. X is seen. X are seen in the X, most X". According to the record of X recent follow up visit, X has difficulty X. X has been X. An X. The list of X current medications Included X. X examinations revealed X. The remainder of X examination was X. The treatment plan included X.

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

According to Official Disability Guidelines (ODG), X. X has a documented efficacy for X. However, because of the relatively narrower effects of X, it may not be as X. A study assessed the efficacy and safety X. Results of this study demonstrate that patients with X. Long-term use of this X is not supported by any guideline, and it is recommended that patients X. Since this claimant has been on X is not supported by ODG and current evidence-based medical literature. Therefore, it is my professional opinion that the request for 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:**  
**Official Disability Guidelines (ODG)**