



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

2211 West 34<sup>th</sup> 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 X.

Motor Nerve Study Report by X, MD dated X documented an “X study of the X. There is X. There isX . No X.”

X Report from X dated X documented an X. 2. X. No X. No significant-appearing X . Findings at X reported there was no X.”

Progress Note by X, MD dated X documented the claimant complained of X. The claimant reported X had X. The claimant rated X pain as X. Dr. X documented the claimant’s medications consisted of X. Dr. X further documented the claimant had a X in the past, as well as an X.

Prior utilization review report from X dated X denied the request for X. Within the associated medical file, there is documentation of a X. In addition, given documentation that X. However, given documentation of objective findings (X), there is no documentation of . In addition, there is no documentation of X. Therefore, I am recommending non-certifying the request for X.”

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

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

A thorough review of records revealed the claimant has undergone X. According to ODG Treatment/Disability Guidelines, repeat injections are not routinely recommended unless there is evidence of an X. It is further recommended that X should require



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documentation that X produced a minimum of X pain relief and improved function for at least X. Dr. X note from X states that the claimant received benefit from X performed by Dr.X . This statement is contradicted in Dr. X note from X which states that the claimant X.

Furthermore, a review of the literature suggests that the use of X are not X, and there is an increased risk of complications as well. Therefore, based on the referenced evidence based guidelines/literatures, 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 not medically necessary and appropriate.

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

1. ODG Treatment/Disability 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](http://www.tdi.texas.gov).