



**MEDICAL EVALUATORS
OF TEXAS** ASO,LLC.

2211 West 34th St. • Houston, TX 77018
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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X who was injured on X when X.

X CT X by X, MD dated X documented “X. X with X.X. No X.”

Peer Review Report by X, MD dated X documented “an MRI report of the X dated X. The findings did not significantly change since X. Suggestion of X.X. On X, the claimant presented to Dr. X with complaints of X. The physical examination of the X. The claimant was treated with X. The X plan includes X.”

Prior denial letter from X dated X denied the request for X stating “a Peer Review of the medical information presented and/or discussion with a contracted Physician Advisor and the medical provider, it has been determined that the health care service(s) requested does not meet established standards of medical necessity. This review applies only to the specific service(s) listed. Any additional service(s) will require a separate review process. The above review was made based on guidelines which are developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions.”



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

This is a X diagnosed with X and the request is for coverage X.

X for carefully selected patients with X. According to ODG Treatment/Disability Guidelines, a X is indicated for patient's whose symptoms, objective findings on examination, and imaging correlate to confirm the presence of X.

A thorough review of records submitted revealed that while the claimant complains of X. The treating provider documented X. The radiology reports document evidence of X. However, this finding alone does not confirm X as there is no correlation with objective findings on examination.

Therefore, based on the evidence-based medical guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer 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:**

1. ODG Treatment/Disability Guidelines