



**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

**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 and is licensed in the State of Texas.

**REVIEW OUTCOME**

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

X

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X when the claimant was X. The claimant suffered a X. Per the progress note dated X the claimant was diagnosed with X. The progress note dated X documented the patient had complaints of X. Objective findings on exam, per the progress note dated X, included X. According to the progress note dated X, continued X was prescribed. The medical necessity of continued X is in dispute.

Prior UR from X dated X denied request for “X” stating “medical treatment guidelines do not support ongoing X.”



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

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
800-845-8982 FAX: 713-583-5943

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

The claimant is a X who was involved in a work-related injury on X. The claimant underwent X. Overall, there appeared to be X. The Official Disability Guidelines (ODG) recommends an allotted amount of X depending on a specific diagnosis. The X that the claimant received already exceeds the recommended number of X. Given that the claimant sustained X, an exception could be considered if there was documented X. However, since X appears to be largely unchanged following his initial X, it is unlikely that further X will provide sustained benefit. Additionally, there is no documentation of attempts to X as is recommended in the ODG guidelines.

Therefore, based on the referenced 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:**

[GG/KG]

*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



**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

*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).*