



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

2211 West 34th 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 should be:

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X. Progress Note from X dated X documented the claimant had X.

X Note by X, MD documented the claimant continued to have X. Dr. X reported the claimant's pain X. Dr. X documented X was present, X. The claimant's medications included X. The claimant underwent previous X. Dr. X recommended the claimant proceed with a X.

Prior denial letter from X dated X denied the request for X stating "Per evidence-based guidelines, X are not recommended. There is also only X. In this case, the patient X. There was an APPEAL X.



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However, there was limited documentation of X. Furthermore, there was X. The prior non-certification is upheld.”

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

The claimant is a X with X. The request is for coverage of X.

While the ODG Treatment/Disability Guidelines do recommend X,” there is no recommendation for X. Furthermore, a review of available literature showed case reports of possible benefit of X. This demonstrates that the treatment of X. A review from the European Federation of Neurological Societies described the level of recommendation for X.”

Therefore, based on the referenced evidence-based medical 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- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**



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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.