



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

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 X who is considered to be an expert in their field of specialty with 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 was injured on X. X was X. X medical diagnoses included X. A X Evaluation was performed on X by Dr. X. In terms of X, X scored a X, which is considered a X. X symptoms included: being X. On the X, X scored a X, which indicates a X. X symptoms include: X. Progress notes were provided from X. Progress note from X reported that X. The symptom X was rated as improved and X progress was rated as improved X. The change in X was rated as: X. Progress note from X reported that X. The symptom X was rated as X. The change in X was rated

as: X. Progress note from X reported that X. The symptom X was rated as X. The change in X was rated as: X. Progress note from X reported that X was X. The symptoms X was rated as X. The change in X was rated as: X. A discharge summary dated X stated that the claimant's treatment history included X. Reportedly, X maintained X. X score on the X was a X on the X and X on the X, which suggested "X."

X denied a request for X because such service is "not appropriate or medically necessary for this diagnosis and clinical findings" as there was a lack of sufficient clinical information and prior intervention. X responded to the denial letter and provided research references for the support of claimant receiving the X. X stated that the request for X appears to a "X." Furthermore, X stated that the request is not in accordance with Official Disability Guidelines (ODG) for X: Up to X.

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

After review of the claimant's medical records provided that the claimant has had only X. X first progress note from X reported that X. Over the X. On X, X was reported as X. In summary, X progress does appear to have been X. However, X discharge summary indicated that X was compliant with X. X is an important part of X. The Department of X. has developed a X. While this manual for treatment was developed with X, the manual states that the protocol "X." The protocol consists of X. The ODG guidelines allow up to X. Although the claimant's progress was X. The progress note dated X indicated X, whereas previous notes indicated X was X. X are requesting an X. This would allow the claimant to X. Therefore, it is the opinion of this reviewer that the request of X is medically necessary and appropriate.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES