



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

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**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.

**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 while X.

MRI of the X dated X documented the following impressions: “1. At the X, there is X and X. 2. At the X, there is X. 3. At the X, there is X and X. 4. At the X, there is X, a X and a X. 5. At the X, there is X. 6. X of the X.

Office Visit from X, P.A – X documented the claimant reported X that was described as X. The X was X with X. The claimant rated X pain X at X. The claimant’s X list consisted of X. Documented X included X. The claimant was diagnosed with X; and X. X, MD documented the claimant was X. Dr. X recommended the claimant X, continue over the counter X.

Prior denial letter X. dated X denied the request for X received on X stating “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. There was X report submitted to validate X the necessity of the request. There was X. Furthermore, X could not be established since there were X. Also, clarification is needed with regard to the X to be taken as it was not specified in the request. In addition, there was X and X. Lastly, there was X. Furthermore, during the peer discussion with Dr. X spoke. X spoke with the above provider, who stated the patient had X. The records submitted were reviewed with the X, and appeal letter noted. After this discussion, there needs to be updated X and X for this patient before the request can be supported. At this time, it is not supported.”

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

The claimant is a X. The request is for X.

The ODG Disability/Treatment Guidelines recommend that X. In this case, there were X. The MRI report documented X. The treating provider documented X and X. Furthermore, clinical notes establish X. There were X provider appropriately recommended X. It should be noted the treating provider also recommended the X. This establishes that the 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 medically necessary and appropriate.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**