



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

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

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN 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 adverse determination should be:

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X.

MRI of the X dated X documented the following impressions: X. X to X. The X is X. 2. X. 3. X. 4. X.

X and X documented the claimant X. In fact, X is X. X have pain X. X also has X. X has X and also X. X continues to have X.

Documented X included X, and with X. It was documented that X as well as X. The X and X. The claimant's X. X, MD documented the claimant was diagnosed with X.



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Prior denial letter from X denied the request for X are not medically necessary or appropriate. This means we do not approve these services or treatment.”

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

The claimant is a X.

According to Official Disability Guidelines (ODG), X. A X and X. A X is supported for X. A X is supported for X.

In this case, the claimant experienced a X. The treating doctor documented X has X and X. Based on the submitted records, it appears the claimant has made X. Therefore, ODG criteria for X has not been met. Of note, ODG does call for X. This exception, however, X in this case since the claimant has X.

Due to the continued denial for X, the request for X, are also considered not medically necessary and appropriate. Furthermore, X are not recommended since they have not been shown to be any X.

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 coverage of X is not medically necessary and appropriate.



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**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