



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

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 Board- Certified 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 was injured on X and was diagnosed with X. The claimant has had X. The claimant reports X.

X note dated X, DPT revealed the claimant complained of X and X. X was X. X was recommended X. X note dated X, DPT revealed the claimant was X.

MRI of X revealed X. X of X.

X note dated X, DPT revealed it was X. The claimant reported X. The claimant was

X. X was X. X was reported as X. X recommended X.

This case X determinations. On X, the case was denied as the claimant had X. X should be X. On X, the appeal was denied “based on lack of X”.

No clinical notes from the requesting provider were included with this request. Additional records were requested from the treating provider on X.

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

The Official Disability Guidelines (ODG) X. The request was made for X. The review of records revealed that X. X was X. The requested X the ODG recommended X. Also, there is X. X reasoning and clinical X, it is the 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:

Official Disability Guidelines (ODG)

Allow for X. X may be necessary when X.