



**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 is a X who was injured at X. The claimant noted X. X was seen by X, who X. In X had a X, which was noted as X. The claimant was scheduled for X.

MRI scan of the X revealed X. The X and X, there is X.

X by X, Dr. X, MD, on X revealed X. X had X and X. X revealed X. X revealed X. X in X. X was X. X and X. X was present X. Dr. X recommended X.

On X, Dr. X documented X with X. X of the X revealed X. At X, there is a X. Dr. X recommended X.

Case was denied X. The reason for denial was because X.

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

Based on the review of records and Official Disability Guidelines (ODG), it is the opinion of this reviewer that the requested X is medically necessary and appropriate. Review of records revealed that X. The X. X, there is X. A X. At X. X documented X and X. X was present X. The notes also documented X. ODG recommendation for X and X or X. Thus, the claimant X. Additionally, the requested X is also medically necessary to X. X is medically necessary since as per ODG recommendation X. Thus, making the requested X are all considered medically necessary and appropriate for the treatment of this claimant's condition.

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

Official Disability Guidelines (ODG)