



2211 West 34<sup>th</sup> 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 previous adverse determination should be:

X

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X when X.

X, MD dated X showed 1. There is X evidence for a X. The X on the X. Considering Xh istory this is X. 2. There is X for a X. This is X compared to the X. 3. There is X for a X.

MRI of the X documented a X was performed X:

1. X with concern for X. 2. X and X with a X. 3. X. 4. X and X.

Plan of Care by X documented the claimant had X. The claimant complained of X. The claimant rated X current pain X reported the claimant's X in X and X. X was X. X due to X. Has X and with X.

Prior denial letter from X denied the request for X information, our Specialty Advisor has X does not meet medical necessity

guidelines. The X for the X for non-certification is as follows: The proposed treatment plan is not consistent with our clinical review criteria. In this case, the patient complained of X. X had X and X. An appeal request for X was made. However, documentation that X with X. It was noted that X was X. Also, documentation that X had X or X was not presented. Furthermore, documentation of X was not presented. Lastly, an X was not submitted for review. Clarification is needed with regards to the request and on how the request would affect the patient's overall health outcomes.”

Progress Note by X MD dated X documented the claimant reported X pain was X and X. The claimant reported X. The claimant X with X and X. Documented X findings included X. Dr. X further documented the claimant X which revealed X. Dr. X reported the claimant was an ideal candidate for X.

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

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

A thorough review of the submitted records revealed the claimant has received appropriate X following X. X and X. X work-related X with X and X now has a X. X is documented to be in X in the reviewed medical records. X repeatedly confirm X. X history, exam, imaging findings, X. While the claimant has not X and X. Furthermore, the routine use of X for patients with X is not recommended and should be limited to patients with X. It should also be noted that X have been shown to be X.

Therefore, based on the referenced evidence-based medical literature/guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for X is medically necessary and appropriate.

**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