



**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 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. The mechanism of injury is unknown. X from X. X with X. 2. No significant X.”

Progress Note by X, DO dated X documented the claimant underwent a X. The claimant’s symptoms were documented to be X.” Dr. X further documented the claimant was X. Documented findings on examination included X. Dr. X diagnosed the claimant with X. Dr. X recommended the claimant X.

Prior denial letter from X denied the request for coverage of X. Denial Rationale from X stated “In this case, the claimant had X. The claimant had X. The guidelines X, thus, this is not documented. Therefore, the request is not medically necessary and is not certified.”

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

This is a X diagnosed with X. The request is for coverage of X.

According to ODG Treatment/Disability Guidelines recommend repeat of X. A thorough review of records submitted reveal the claimant underwent a X. Post X on X documented the X. Additionally, there was no documentation of 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 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:

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

(1) X must be X. A request for the procedure in a patient with X.

(2) Initially unresponsive to X).

Criteria for use of X:

Note: The purpose of X is to X. There is no evidence that X alone offer any X.

(1) X should be administered using X of contrast for guidance. X guidance is not recommended.

(2) X: At the time of X. A X is not recommended if there is X. Approval of a X. There should be an X. This recommendation only applies to the X.

(3) Repeat X: are not routinely recommended unless there is evidence of an X. This criterion is based on an emerging concept that the X. X indicates that X should be X.

Therefore, the following criteria should be considered:

(i) X should require documentation that X.

(ii) X is better supported with documentation of X.

(iii) Based on general consensus, X.

(4) Best evidence does not X. No more than X for the X.

(5) No more than X should be X.

(6) No more than X should be X.

(7) The X dose is recommended per X. Research is available on X.

(8) Administering X on the same day as other X is not recommended, as this can lead to X.

(9) X should not be administered on the same day to avoid X.

(10) X is not generally recommended. When required for X.

(11) X is not a X. There should be evidence of X.