



**MEDICAL EVALUATORS  
OF TEXAS 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**

The care was reviewed by a physician 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.

MRI report of the X. X or X or X. The X appears within X.

MRI report of the X. This may be important in the X. There is X. X are present at X.

According to the follow-up note dated X, the claimant continued to have X. Dr. X, per the follow-up notes dated X, recommended X. The medical necessity of the X.

Prior denial letter dated X denied the request for X.

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

The claimant is a X.

The request was previously denied because “ODG does not recommend X. Review of the applicable ODG guidelines reveals medical necessity and criteria for performing X is not directly addressed.

As a result, a review of available X to support the medical necessity of X. A X. X however, improvement was seen in X. X in X... Based on the results of this X it is concluded that X. A X is considered the X for determining medical necessity.

Additionally, a review of the use of X. The evidence based on this systematic review for X in X.

Submitted clinical documentation for this case showed X.

In regard to the use of X for this procedure, the records indicate the X. ODG guidelines state X. When required for X enough to reasonably converse.” Furthermore, some experts have promoted the use of X to prevent 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 coverage of X.

The records indicate that the X performed with X and should be approved. The request also mentions X and it is unclear as to why. This X is not mentioned elsewhere in the documentation submitted and therefore is not indicated or medically necessary.

**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, X
2. X
3. X for X. Practical Pain Management. Volume 7. Issue #4. May 2007.