



**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 while X. Prior to incident X. The study identified by Dr. X showed X. Following day X MRI study noted X. There were X. X of X and X. Additional X. Findings might be X.

X and X. X in the X. X in the X. X into X and X. X at X noted claimant X. The X had X had X. X of X and X was advised. Follow up notes X. Follow up evaluation on X noted X of X. The plan was to X. Evaluation noted X by Dr X follow up claimant had X. X was X. X had X were noted at X. Records X shows claimant presented X. X continued to have X. No documentation in this visit for X. Past medical history was notable for X.

A request for X was made. However, there were X to establish that there has X. Also, there was insufficient documentation of improvements in X and X. Dr. X

noted on X that claimant was X. There is X to support that patient will be X. Recommend non-certification. Notice of adverse determination was dated X.

X adverse determination dated X revealed based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified. Per evidence-based guidelines, a X is recommended where there is X. Treatment is not suggested for X. If treatment X. The patient is X. X was X. X is using an X which X. X has X. There is no guideline support for X. The rationale of X.

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

Based on records submitted for review and application of the evidence-based Official Disability Guidelines (ODG), the request for X is not medically necessary. A X is recommended where there is X. Treatment is not suggested for X. In this case, the claimant has X. X noted may X. The claimant was noted to have reached X. Due to X. Thus, it is the professional opinion of this reviewer that the requested X is not medically necessary and appropriate.