



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

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Notice of Independent Review Decision

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 board-certified in X

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination should be:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an X and was diagnosed with X, X. The mechanism of injury was not documented.

Imaging Report from X dated X documented the claimant underwent X with the following impression: X and X and X.

Progress Notes from X dated X documented the claimant had a X on X. After X pain X with only X. Without any X event, the X and

now has a baseline that ranges from X. Today's pain is X. The previous X have now become X and X, now there is X and X. Documented X findings included X and X and X. X, MD diagnosed the claimant with X and X. Dr. X documented the claimant would continue X. It was also documented Dr. X recommended the claimant X.

Prior denial letter from X dated X denied the request for X "ODG X – online version X for X "Recommended as a short- term treatment for X, X, and/or X. This treatment should be administered in X efforts including current X and/or a X. Not recommended for treatment of X. X are not recommended as a treatment for X. The X findings on both X that would indicate need for this treatment. There is no documented X, X, and or X. The medical necessity of the request is not established. Therefore, the requested X is non-certified."

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

The claimant is X diagnosed with X and X. The request is for coverage of X.

According to ODG, X are "recommended as a X. This treatment should be administered in X. Not recommended for treatment of X. X are not recommended as a treatment for X or for X... Patient criteria for X.

The medical records submitted for review document the claimant meets requirements set by ODG. The claimant reported pain in a X. Furthermore, the treating doctor's exam notes revealed X, and X. The submitted X report of the X, at X, X and X. This is considered a X. Lastly, the treating doctor reported the claimant X and X. X was ongoing and was planned to continue.

Therefore, based on the referenced evidence-based medical 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:

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**