



**MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.**

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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**

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was diagnosed with X. X from X, MD
dated X documented the X, X; X, X. Office Visit from X, MD dated
X documented the claimant was X and was doing X. Dr. X
documented X was X or X, X and X. Office Visit from X, MD dated
X documented the claimant reported X and X. Dr. X documented
the X, was doing X, and was X. X from X dated X documented the
claimant current X, X of X, X score of X. X, X documented the
claimant had X, X and X, and X, X and X, and X. Plan of Care

from X dated X documented the claimant had a X, with updated X score of X. X, X documented the claimant was X. X further documented the claimant X and X. Office Visit from X, MD dated X documented the claimant had a X in the X, X, X, X, and X. The claimant X pain as X, X, X, X, X & X, and X. Dr. X also documented the claimant had X and X, X and X. Dr. X documented the claimant had X, and X, claimant had X. Plan of Care from X, PT dated X documented the claimant had a pain X and presented with X. X, PT documented the claimant was X but X and X. Office Visit from X, MD dated X documented the claimant was X and was X. Dr. X documented the claimant had X. Office Visit from X, MD dated X documented the claimant's pain continued X. Dr. X documented the claimant's X, X. X from X dated X documented the findings as X. Prior X dated X denied the request for X and X. X shows X. X also shows a X and X. Symptoms persist despite X. The Official Disability Guidelines supports a X findings who have X. However, this request for X according to the treatment plan in the progress note dated X. However, X. Additionally, X is X. Accordingly, this request is partially certified for X. The request for X and X is not certified. As no peer took place the entire request is not supported."

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

The claimant is a x who was diagnosed with x. The request is for coverage of X. According to ODG, X and corresponding objective findings who have X. Additionally, X is recommended for X, X, and X. Lastly, ODG states most X can be treated with X, and X, but when X, X may be indicated. In this case, the claimant was noted to have a X having X. The treating doctor provided detailed notes in which the claimant is said to X and X. The X performed X revealed X and X. The records establish medical necessity for X and X. The X report submitted for review does not identify a X and X using an X is not supported.

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. The X should remain denied as not 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. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. X
3. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. X