



**MEDICAL EVALUATORS  
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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 who is 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 was injured on X while X was on a X, X  
and X.

X was performed at X dated X with the following findings: 1. X  
involving X. 2. Findings suggestive of X. 3. X. 4. Significant X and  
X. These changes may be seen in association with X.  
5. X or X or X. No evidence of X. X and X are X.

Office Visit dated X documented the claimant to have complaints of pain between the X that X with X, had X and X. The claimant stated X had X and X, X, and X. The claimant also complained of X which had been X, with X, X, X and X noted. The claimant reported X was "X." Documented physical findings included X and X, X and X, X, and X. X, MD documented the claimant underwent a X. The patient was diagnosed with X; X; X,X; X, X; X, X; X of X, X.

Appeal Letter from X, MD dated X stated that due to the fact that the claimant had X, X, and X, Dr. X "recommended X to prevent X from X or X while on the X to avoid putting X or others at X... consider X if in fact it is X or if X clinically more X... it is likely that X will have some X that will require a X... with regards to X, X doubtful that this will require any X but there is a X on the X which could X we are able to further evaluate it X.

Prior UR dated X denied the request for X stating "it has been determined that the health care service(s) requested does not meet established standards of medical necessity."

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

The claimant is a X diagnosed with pain in X. The request is for X.

A thorough review of the records submitted indicate the requested services are not medically necessary based upon the medical documentation and imaging studies provided. The claimant has been having X after sustaining a X. The claimant has X and X that best correlate with the documented presence of X with X, X, X, and X. The examination findings and X do not currently support a diagnosis of an X that would X. The X does not reveal any X to X or X. X are X on the X.

In summary, the claimant is indicated for X, but of a X. The medical records and imaging studies support a diagnosis of X. The other requested procedures are not supported by the medical

documentation and imaging studies. Based upon the ODG guidelines pertaining to clinical indications X, as well as the clinical documentation stated above, the currently stated request is 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**
- 2. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**