



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

Notice of Independent

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X while X with X, X and X, X. Clinic visit note dated X with X, P.A. revealed the claimant complained of pain described

as X and X. Pain X, X, X, X and X. The claimant reported X and X. X showed X. X showed evidence of X and X and X. On X report was filed. X noted as X or X. X was X. Past medical history noted X, X, X and X. The claimant was referred to an X on X when X was seen by X, X. with a X or X. Pain was described as X and X and X. On X, X were interpreted as X and X are X. X showed X at the X and X and X or X.

Adverse determination dated X denied X under X must be well documented along with objective X. Appeal determination dated X was denied because examination findings revealed X, due to X, X was within X; and X of X, which was not indicative of X.

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

According to Official Disability Guidelines (ODG), the criteria for X must be well documented along with X. X must be corroborated by imaging studies and when appropriate, X, unless documented X, X, and X. In this case, X showed X and X and X or X noted at any level. Also, the objective findings on examination showed no documentation of X. Therefore, it is the professional opinion of this reviewer that the request for X for the X is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Official Disability Guidelines