



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

2211 West 34<sup>th</sup> St. •  
Houston, TX 77018  
800-845-8982 FAX:  
713-583-5943

**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 board certified X licensed in the State of 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.

X of X was performed by X, MD dated X documented the following findings: "X."

Office Visit from X, MD dated X documented the claimant reported X with some days X, "X tells X to X"; the claimant reported X was X. Objective findings included X. Dr. X documented the claimant was X since X was needed. The claimant was diagnosed with X.

Dr. X recommended the claimant undergo X and continue X while continuing the X.

Office Visit from X, MD dated X documented the claimant reported for a follow-up. Objective findings included X. The claimant was diagnosed with X. Dr. X recommended X continue X and X with a X.

Office Visit from X, MD dated X documented the claimant reported X while X, becoming X with the use of X and X. Dr. X noted the claimant did not have X and the claimant had been X. Documented objective findings included X. The claimant was diagnosed with X. Dr. X recommended the claimant undergo X.

Office Visit from X, MD dated X documented the claimant underwent "X" of X that "X" with X being denied; the claimant was placed on X.

Office Visit from X, MD dated X documented the claimant reported X. Documented objective findings included X. The claimant was diagnosed with X. Dr. X recommended the claimant undergo X.

X of X from X dated X documented the following findings: '1. X. 2. X. 3. X.'

Prior denial letter from X dated X denied the request for X stating "Regarding the request for X; the Official Disability Guidelines indicate that X is considered for patients with X after an X of X and with X confirming X. The guidelines specify the X are not recommended for X. X or X may be considered on a case-by-case basis for X.

The claimant was evaluated for continued complaints of X despite X. The X noted X and X. X was recommended. However, as noted previously, the X of the X that was referenced was not provided for review to confirm the presence of X to support the need for X. The X was not provided to confirm a X to support the need for a X. I called and spoke to X, PA and discussed the case. X, PA stated that he would fax over the official report. However, as no new

documentation has been received, the request for X is non-certified.”

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

The claimant is a X assigned the diagnosis of X. The request is for X.

A thorough review of the records submitted failed to establish medical necessity for the requested procedure. The most recent X documented only “X.” The ODG guidelines recommend continued X for X. Furthermore, without evidence of a X, a X is not indicated.

Therefore, based on the referenced evidence-based medical literatures, ODG guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer, that the request for 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:**

1. ODG by X. X Chapter. X (X) for X Conditions. (updated X)
2. ODG by X. X Chapter. X for X, X Conditions. (updated X)
3. ODG by X. X Chapter. X for X (X, X, X, X), X Conditions. (updated X)