



**MEDICALEVALUATORS
OF TEXAS ASO, L.L.C.**

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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 physician board certified in 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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X while X was X. X went to X. X was X and X.

X with X documented the claimant presented with X.

X from X dated X documented the claimant's X

On the X. X pain as: X. X pain is X. X reported the X. On the X a X
1. These scores are X and X and X . On the X. X has X, and X. On
the X. X has X... On the X.

Prior denial letter from X denied the request for X stating “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The guideline recommends X, if X. In cases of X. In this case, the X. Per the X. Based on the Response to X, when reviewing the documented conversation, the X had with treating physician, Dr. X, MD, it was X recommendations. At the time the X was submitted, in the X. It had been X. X stated while attending X. The X. X was also X. It was mentioned that X would also X. X had been X and find ways to X. A request for the medical necessity for: X was made. However, objective evidence of progress was still X. X revealed X, an X. On X, indicating X. On X, an X. On X, an X. On X, a X. Clear evidence of x were still not present. There was a new X by X but there was still X. Clear X and X. Furthermore, as the patient has had X, clarification is needed regarding the X to date to determine if the current request is within the guideline recommendation. There were X submitted to overturn the previous denial of the request. The prior non-certification is upheld. Peer to peer conducted with peer designee X MS, X and case discussed. The patient has X. The request is to continue treatment for X. However, X. Based on the information provided, guidelines reviewed and peer discussion, the request is not medically supported at this time and thus remains, non-certified.”

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

The claimant is a X

According to ODG Disability/Treatment Guidelines, X is recommended based on X. ODG states X made. In cases of X are appropriate if X.

In this case, a thorough review of the records submitted indicate the claimant X. The claimant was diagnosed with X. Based on X. X for at X, is more effective than X. The records reveal the claimant has X. The treating provider’s notes X and X. These findings

support the need for the requested X. Prior denial letter from X based their denial on recent X, however, it should be noted those X. This was X and X by the claimant.

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:

1. ODG Disability/Treatment Guidelines.
2. ODG Disability/Treatment Guidelines.