



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

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 X who was injured on X when X. Diagnoses noted were X. No other medical records or X were submitted. Case underwent adverse determination on X and was determined to be X. Not indicated for other X. On X the case was again determined to be noncertified as documentation X that the X. For X, the claimant should have documentation X. There was X with X.

Determination letter on X does note additional medical history such as X. The

claimant had X. The claimant had a X noted in X that are not present for the review on X. Attending provider stated the claimant had X. The claimant also had X.

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

After review of the records submitted, it is the professional opinion of this reviewer that the request for X are not medically necessary and appropriate.

According to the Official Disability Guidelines (ODG), X. X not recommended X. In this case, there is no documentation submitted to determine an established diagnosis of X. Thus, the criteria for X are not met and the request is not considered medically necessary.

Additionally, the request for X is also not medically necessary. As per ODG, X is recommended for X. Also, X is considered X. Studies have not supported X. X are not recommended for X. X with X may be indicated for X. In this case, there is no documentation that the claimant has X. There is no documentation that the claimant has X. Therefore, it is the professional opinion of this reviewer that the request for X is also 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 (ODG)

ODG-

ODG