



**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 WHO REVIEWED THE DECISION**

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 while X.

X, MD dated X documented the X. Since this incident, X has X. X is X by Dr. X for X. X is X. X has X and X.

Treatment Note from X.

Office Visit from X, MD dated X documented the X. The X described X and X. X on exam included X. The X diagnosis was documented as X.

Prior denial letter from X denied the request for X stating “ODG states that X is not recommended for X. In this case, the X reports X. The claimant has X and X. The X also had an X which X. The X which reportedly X. However, there X. There is also X. Additionally, the X or rationale to support the medical necessity for X. As such, recommendation is to deny the request for X.

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

The X diagnosed with X. The request is for X.

According to ODG Disability/Treatment Guidelines, X is not recommended for X. A review of national accepted peer reviewed publications reveals recommendations that X.

In this case, the medical records document that X. It is also documented the X. It was reported that X. The X recommended the X.

Therefore, based on the referenced evidence-based medical literatures, 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. **Evidence-based evaluation of complementary health approaches for pain management in the United States.**
2. **Agency for Healthcare Research and Quality. X Treatment for X. AHRQ Publication No 16 Feb 2016**
3. **Evidence-Based Complementary and Alternative Medicine**