



**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**

The case was reviewed by a physician who is board certified in
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]:

Mechanism of injury:

The X who was injured on X.

X dated X documented X.

Progress Note by X, MD dated X documented the X. Dr. X
documented the X. The X reported the X. The X pain as X. The X
was documented X. The X rated X. Dr. X documented the X, and

X. Dr. X documented the X. X may X.

Adverse Determination from X denied the request for X The Official Disability Guidelines state that X are recommended as a X. X is X recommended for determining X. The X complained of X. The X was also X. An X dated X, revealed a X. However, the X. There was also X and X. Furthermore, there was a X. There was also a X. Given the above, the appeal requests 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. The request is for X.

The ODG Guidelines and peer reviewed publications recommend that X.

In this case, the medical records provided X. There were X. Additionally, the X. The X performed X. The clinical note provided from the X.

Furthermore, the ODG guidelines criteria for a X. The clinical note submitted only X. There was X.

Therefore, based on the referenced evidence-based medical guidelines/literature, 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. Official Disability Guidelines (ODG) Treatment/Disability Guidelines