



**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:

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 a X. X and X. X was X. X with X. A X.

An X: 1) X. There were X. There were X. X – Clinic visit (Dr. X): The X followed up for X. X of X. X continues X. X revealed X. Recommendations made for X.

X: Continued X. Continued X. X in X. X and X.

X was X. X and X. X or X. X and X. X in X. Recommended X and X.

Dr. X: X in clinical X. X in X. Recommended X.

Dr. X: X in X. Recommended update X.

X – Updated X.

Dr. X : Follow up for X. X and X. X or X. Recommendation made for X.

This case X. On X, the case was determined to be noncertified as X is not recommended in X. There are X. On X, the case was determined to be noncertified as X. There was X.

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

The request is for X. According to the Official Disability Guidelines (ODG), X is recommended as an option for X. Not recommended in X. In this case, an updated X. There are X. Therefore, it is the professional 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:

Official Disability Guidelines – Online Version