



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
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Notice of Independent Review Decision

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 a X who sustained an injury on X when X. The claimant X and X, and X. The claimant is also X and X. The claimant has a history of X, X, who has been X and has X. The primary concern with regards to X.

A follow up visit note dated X by Dr. X revealed the X, X and X. The claimant reported X had X where X. On X, X and X and had to get X. X reported X and X. X reported X and X. On X, X was X as well as X and X. X continued to X. X had X. The X. X and X. X was X and X and X and X. Dr. X recommended X, X, and X due to X as well as X. Dr. X also refilled X, X, and continued with X.

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

Based on the review of documentation provided, the claimant has a history of X, X/X/X, who has been X and documented to have X. X have X. X exam findings were X as well as X. X continued to X. X, X, and X was recommended for X/X.

The Official Disability Guidelines (ODG) criteria for X and X, X; X, X, X. From a X, it is X can present with X which could X. The basis by which the requests for the MRI scans meets ODG criteria is a reported X, X along the X, X, and suspected X by the treating provider. Thus, meets the criteria for MRI of the X.

Furthermore, ODG criteria also includes X, X. The records indicated the claimant experienced X involving the X. A X, X. Exam findings documented report X and X. There is documentation of concern for X and X. This meets criteria for MRI of the X.

Finally, the ODG criteria for MRI of the X include X in the X that X such as X, X, X, or X; MRI recommended with presentation of X and X or X or X; and X. X include X or X or X, X, or X. In this case, the claimant has X and X and X and X. This X/suspicion for X and meets the criteria for X.

Therefore, based on the review of records submitted, it is the professional medical opinion of this reviewer that the request for X and X is medically necessary and appropriate for further evaluation of the claimant's X.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:
ODG X**