



**MEDICAL EVALUATORS  
OF T E X A S ASO,LLC.**

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH  
PHYSICIAN WHO REVIEWED THE DECISION**

This 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/adverse determinations should be:

X

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is X who was injured on X while X. The claimant was  
documented to have X. The claimant underwent X and was  
diagnosed with X.

X Report from X dated X documented the claimant underwent an X  
with the following X.

X Report from X dated X documented the claimant underwent an X  
with the following X.

Office Visit from X dated X documented the claimant underwent an  
X with the following findings: X.



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X Report by X, MD dated X documented the claimant underwent X.

Office Visit from X dated X documented the claimant continued to have X.

Prior denial letter from X dated X denied the request for X bilaterally stating “This is not authorized. The requested X is not medically necessary. Regarding the request for X, ODG notes, X. Evidence indicates that X. Therefore, the following criteria should be considered: X. The provider notes X gave the X. However, there is no clear documentation of X. Lacking documentation of X is not supported. Therefore, the request for X is not medically necessary. Guidelines Office Disability Guidelines (ODG), X.

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

The claimant is X diagnosed with X. The request is for coverage of X.

According to ODG Treatment/Disability Guidelines, X. Additionally, X. In this case, updated clinical records do not show X. Furthermore, while the claimant reported X, there was no documentation of X. There is also no documentation of X.

Therefore, based on the referenced evidenced-based medical guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for coverage of X is not medically necessary and appropriate.



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

1. ODG Treatment/Disability Guidelines, X.