



**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:

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]:

This is a X who X. X was X. X was seen in X by Dr. X with X. X also complained of X and was X. On X, the claimant had a X and X. X revealed X to the X. X had X pain to X. X had X. X was documented as X. X was X. X of the X a X. X was X. Treatment recommendations at that time included a X.

X dated X revealed X and X with X.

At X visit with Dr. X, there X. X revealed X. A X was documented at that time along with X. No changes were made to the X at that time. A recommendation of X was not detailed in the provider's notes was the plan for X.

This case underwent 2 prior adverse determinations. On X, the request was denied secondary to X. An appeal request was denied on X as the claim X clinical documentation of X the claim.

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

The Official Disability Guidelines (ODG) indications for X. In this case, the treating provider notes documented use of a X; however, there was no documentation of a X submitted. This claimant meets subjective criteria with X. Objective criteria are also met with X clinic note. However, there was no documentation of X submitted with the request, so the X.

In all patients considered for a X but especially this claimant who is a X would be at X. This claimant did not X as required to X. Additionally, this claimant has evidence of a X. It is unclear based on submitted documentation if that is the source or a X. It is also unclear if the X. If the plan was only to X. Based on the X and the X, 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:

Official Disability Guidelines (ODG) – Online Version