



**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]:

The claimant is a X who sustained a X and X. The claimant was treated with X as needed and X. An office visit dated X by Dr. X revealed the claimant X. The claimant reported able to X and X. The claimant reported X. The claimant

reported X. Objective findings on exam included X. X and X. There were no X, or X noted. There was X. The claimant was diagnosed with X and X. X was requested for X.

Office visit dated X by Dr. X revealed the claimant complained of X. X in review of system and X noted since the last office visit. Dr. X appealed the denial of X.

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

According to the Official Disability Guidelines (ODG), X is recommended for X, but routine use is not recommended. In this case, the exam findings described in the medical records are not consistent with X. Except for X changes noted. Since X are not met, 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