



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

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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 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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X while X.

Physical Progress Report from X dated X documented claimant's progress stating X. X has been approved. The pain is described as X. X pain is X. X is unable to X right now. It is X pain. X has not experienced any X since the last visit. The patient had not been exposed to an individual, but an individual X in X who had X. X has X. X has been X, which X. X is on X and X. X has had X and X, X to X of X with X. X has had an X on X. X has not had an X, but has been approved for X. X has a history of X. Otherwise, the list on the intake is X."

Letter by X, dated X documented stating "I am writing to request authorization of X for X. I am including past treatment notes. X continues to meet the criteria for an X as a result of X. X has made significant gains in X symptoms of X. Treatment goals include using X to continue to X and to X.

Progress Notes from X dated X documented the claimant progress stating "Patient reported that X. X reported that X didn't like the X. X reinforced that sometimes X. Patient seems to be X.

Progress Summary from X dated X documented the claimant's X.

Prior denial letter from X dated X denied the request for X stating X.

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

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

According to ODG, X are recommended if progress is being made, and up to X. In this case, the medical records submitted indicate the claimant was diagnosed with X. There is documentation of X. It was also documented the claimant has X. The claimant had previously X, and based on the medical records, would benefit from an X, as allowed by ODG.

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 X are medically necessary and appropriate. The X should remain denied as not medically necessary.

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

1. ODG Treatment/Disability Guidelines