



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

2211 West 34th 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**

The 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 should be:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X



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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X while X. X describes a situation where,X.

MRI Report from X dated X documented the claimant underwent an MRI of the X with the following impression: X.

MRI Report from X dated X documented the claimant underwent an MRI of the X with the following impression: X.

Re-evaluation from X Center dated X documented “X opinion was obtained from X, DO who recommended X. X were denied for X. A second opinion X was obtained from Dr. X, D.O. that consult did not take place until X in which Dr. X also recommended X. Those X have not been approved by X. At which time Dr. X notes reiterated the need for X. Current X: X continues to utilize X for X and X. X also continues on X with X efficacy X up to X.

Prior denial letter from X dated X denied the request for X, “A X may be helpful in selective cases when an individual has X without X and X with X. In this case, the injured worker's primary diagnoses are X; it is not clear that the injured worker has the diagnosis for which a X would be indicated. Moreover, it is not clear why X would be indicated if a X were to be utilized since the X may interfere with interpretation of the results of X. For these multiple reasons, at this time, the medical records and treatment guidelines would not support the requested X. Therefore, the request for X is not medically necessary.

Prior denial letter from X dated X denied the request for X stating “X and performed X for the X Guideline/Rationale: The X is indicated but there is no indication for X nor is it supported by ODG. X pre or post X are not even supported. The injured worker has no X to require X. The X refused to modify this out so the entire request is denied.”

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

The claimant is a X who was injured on X and reported X. The request listed for coverage of X.

The ODG for X recommends these procedures in cases in which an individual has predominantly X. The medical records document these criteria. In X documentation, Dr.X noted that the claimant had X worsened with X. X had failed conservative care and rehabilitation. Dr. X stated the claimant



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had X and X associated with X and X, and that X would not be used in the course of this X in order to preserve the X. The claimant had been noted to be treated with X. X noted pain with X, as well as X over X. X diagnosed the claimant with X. A plan was made for X. The denial states that the claimant was diagnosed with X. However, as noted above, the documentation by the requesting physician does not support that assertion, as X had diagnosed X. In addition, the denial stated that there was no indication for X. However, Dr. X clearly documented the claimant had X. The denial specifically stated that X. Dr. X clearly documented that the plan for X would not require the use of X, and stated that these would not be used in the course of X.

That said, per ODG criteria, X is required, with documented X; X are not recommended prior to X if diagnostic criteria are confirmed. Per Dr. X note of X, a X was recommended “as opposed to X or X”. On follow up X, Dr. X stated that “X”. This indicates that the requested X are intended to be X, and not diagnostic preparation for X. As stated, ODG criteria call for X in preparation for X. As noted in the ODG guidelines, X are not recommended. Per the guidelines, no quality evidence has supported X, and no more than X should be performed. As Dr. X had performed X on X, the requested service is for a X. Per the above guidelines, these would not be considered medically necessary. Per ODG guidelines, when X results in X, then a X is additionally required if X is being considered. In this case, there is no documentation of X. In addition, it is clear that X was not planned, as noted in the documentation referenced above. In addition, the requested services are X, which are distinguished from X in the ODG Guidelines. Per the above guidelines, the requested service would not be considered medically necessary.

Therefore, based on the referenced evidence-based medical guidelines, as well as the clinical documentation stated above, 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:

1. ODG 2020 - X