



**17119 Red Oak Rd  
Unit # 90333  
Houston, TX 77090  
281-836-6171**

Notice of Independent  
Review Decision

**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 presented for X to Dr. X, X. X was seen previously at X on X after X injury. X also was having X pain. Physical exam revealed X. No X or X. X was X to X and X. X Patient followed up for X of X. X reported X but X. Physical exam revealed X. X. X to X. X-rays showed X and X. X was X to X and allowed to X with X. X Patient returned for follow up. Physical exam revealed X. X and X. X was instructed to follow up in X for X and referred to X for X. X Patient returned for follow up of X. Exam confirmed X. X was referred for X and given X. X diagnosis. X Patient followed up for X results. On exam X had X. Plan at that time was for X. X notes from X, X, X and X were reviewed. This case underwent 3 prior adverse determinations on X, X, & X) secondary to lack of documentation of X.

**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, requiring ALL of the following, X/findings of X, with requirements of the following X.

Following 3 prior adverse determinations, clinical documentation was updated in the X note in which X was recommended. Based on the updated documentation this claimant meets all ODG criteria at this time for X. As such, it is the professional medical opinion of this reviewer that request is medically necessary, and the previous adverse determinations should be overturned.

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

**ODG by MCG**