



**MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.**

2211 West 34th St. •
Houston, TX 77018
800-845-8982 FAX:
713-583-5943

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN WHO REVIEWED THE DECISION**

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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is X who was injured on X when X.

X by X, MD dated X documented the claimant X: X.

X by X, MD dated X documented the claimant underwent X.

X from X dated X documented the claimant was X. X has been X
and states X. X notes some X.”

X from X dated X documented the claimant X. X has still X to do X.
X is X with this. X has been doing X.”

X from X dated X documented the claimant was X. X still X in X, despite multiple recommendations. X states X is X.

The claimant underwent X from X dated X.

Prior Notification of Adverse Determination from X dated X denied the request for X and labeled it non-certified. The review summary stated "In this case, a request for X was made. However, evidence of X of X, with X followed by X, without evidence of X from X was not established. X were not identified."

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 X.

According to ODG, X is conditionally recommended for select patients who present X than their X. ODG list multiple criteria for X to a X including a X; previous X; and X with a X.

In this case, the records indicate the claimant sustained an injury to X on X which resulted in X with X preventing X from X. X eventually X of the X on X followed by X, but X continued to have X that X from X. A X was completed on X, which determined X was X, while X demonstrated X was X. The X determined that X did not X, and that X was medically necessary. The claimant also completed X on X, which also determined X was an X.

Therefore, based on the referenced evidence-based medical literatures, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for X is medically necessary and appropriate.



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

- 1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES
X**