



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

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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 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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X diagnosed with X.

X of X from X dated X documented "X."

Daily Note from X, X dated X documented the claimant reported X, had X. X, X documented the claimant was injured on X when at work while X. X, X documented physical findings including X. X, X documented the claimant underwent X.

Daily Note from X dated X documented the claimant reported X. X documented the physical findings included X.

Encounter Note from X, MD dated X documented the claimant reported X. Dr. X documented physical findings as X.

Peer Review Report from Peer Review Services Division dated X denied the request for X stating "The cited guidelines allow for X. The patient has received X. There is ongoing X. With a X, there are X because X is not X. The patient should be more than X of X. A prior denial for the same request was recommended and there is no new information provided. Therefore, the request for X is upheld."

Prior denial letter dated X denied the request for X stating "The above review was made based on the adopted treatment guidelines for the Texas Department of Insurance, Division of Workers' Compensation, Official Disability Guidelines, excluding 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 The Official Disability Guidelines, medical treatment for X allows X. ODG furthermore recommends X. In this case, the claimant has X. There are no unique circumstances why the claimant has not X nor why the claimant cannot 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 not medically necessary and appropriate.

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

1. Official Disability Guidelines.