



**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 OR OTHER
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This 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

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

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

MRI of X from X, DO dated X documented the claimant's findings as: X.
Evaluation Note from X, DO dated X documented the claimant complained of X.
Documented physical findings included X. The claimant was diagnosed with X.

Initial Evaluation from X, DO dated X documented the claimant complained of X.
Documented physical findings included X. The claimant was diagnosed with X. Dr. X
recommended the claimant undergo X.

The claimant underwent X by X, DO on X.

Follow-up Note from X, DO, PA dated X documented the claimant reported X. The
claimant reported X. X has X. X has undergone X.

Follow-up Note from X, DO, PA dated X documented the claimant complained of X. Dr. X
documented the claimant X. Dr. X documented X associated with X. Dr. X documented X
measures have failed. Dr. X recommended the claimant undergo X.

Prior denial letter dated X denied the request for X stating "Our review of the
documentation, the notes attached are the request for the X and notes from the previous
peer review. No additional notes are shown. It was noted in the previous peer review that

the injured worker complains of X. No current physical examination is documented. Regarding this request, the guidelines state, "Not recommended for X. Criteria for the use of X- Symptoms have persisted X, -X is not present by exam, imaging, or X." In this case, there are no notes attached to the referral to suggest that the injured worker has no X or X for X. Additionally, the guidelines do not recommend X. As such, the request is not shown to be medically necessary."

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

The claimant is a X with complaints of X.

Progress Note from X, DO, PA dated X documented X associated with physical exam findings showing X and X were requested to treat this condition. The physical exam findings in the note are consistent with X. Reviewers had cited ODG guidelines that X are not medically necessary for the reasons as per above. However, a review of medical literature does not support this adverse determination.

"X." (X et al). When X have been identified, X are a well-established treatment modality to help with X. X et al. states that "X" for X. This is corroborated in multiple published studies. A review from X et al. of X. This review demonstrated that X were effective for treating X.

Therefore, based on the physical exam findings noted in Dr. X note dated X that are consistent with X, and existing literature on this topic, it is the professional medical opinion of this reviewer that the request for X should be considered medically necessary to treat that claimant's X and the previous adverse determination should be overturned.

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

1. X
2. X
3. X
4. X