



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]:**

The claimant is a X who was injured on X while X, X noted a X. Initial referral noted by X, D.O. X was being seen for X all following work injury. Medical history noted X. Current medicine listed X,X and X. Notes also revealed the claimant had X in past with X. The claimant also was treated with X for X and X.

The most recent progress note dated X revealed X continues to report X. X is doing an X. Care plan recommended X.

Adverse case determination was done on X and non-certified the request for X. It was noted according to case management information, the injured worker has X and there was no documentation detailing the current status of X and whether X is being done for X. Also, with no updated physical exam findings listed to correlate with the claimant's current symptoms, this would not support X. Also, according to the guideline criteria, X for X are not recommended based on a lack of quality studies. Therefore, this request is non-certified.

Second adverse determination dated X documented within the documentation provided for review, it is noted that the

injured worker has X. Additionally, the treating provider notes X provided X with X and X. However, no objective exam findings were documented. There is no indication that the injured worker has met the X criteria to include X. Therefore, based on the records reviewed, the medical necessity for this request has not been established, and therefore, the request is denied.

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

After careful review of the records submitted, it is the professional opinion of this reviewer that the request for X is medically necessary. Medical records revealed that the claimant continues to report X, which has X. The claimant continues to have X, X, and X which are associated with diagnosis of X, consistent with X criteria. X medication treatment listed is X for X that X. Records also showed X, X and X without X.

The ODG guidelines support the utilization of X for the treatment of X when other conservative treatment has failed. After review of medical records submitted, it is this reviewer's opinion that the claimant meets the criteria for the use of X. Thus, the request for X is medically necessary and appropriate.

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

**Official Disability Guidelines Treatment Index, Online Edition**