



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

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

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**

X

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a X who was injured on X. The details of injury and diagnosis are not documented.

Surgeries:

The claimant underwent X.



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Progress notes:

Follow-Up Note by X dated X documents the claimant presented for X. Dr. X documented starting the claimant on X. It is also documented that the claimant X.

Follow-Up Note by X dated X documents, "X for X. X does require X ...X does get X. X does take X..."

Pre-Authorization Form from Dr. X dated X documents, "X. We are going to resubmit for X. X in the X."

Denial Letter:

Recommendation: Non-Certified from X dated X denied the request for X, per X order stating, "This review pertains to the appeal request of X, per X order. Regarding the request for X, per X order, ODG indicated X. When X is indicated, studies have X. Not recommended for X. Based on the medical documentation presently available for review, the above noted reference does not support a medical necessity for this specific request. X is indicated for claimants with documentation of X. As such, the request for X, per X order is non-certified.

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

The claimant underwent X,. The claimant has specific X. Documentation is there regarding the X. Documentation also shows how this X.

X, are considered medically necessary when all the following X:

General Criteria



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There is a regional X.

Specific Criteria

X complaint or X:

Reproduction of clinical X.

Therefore, it is the professional medical opinion of this reviewer that the previous adverse determination be overturned, as the X, per X order, is medically necessary.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF X**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**