



**MEDICAL EVALUATORS
OF TEXAS 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**

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 from X dated X documented the claimant reported X. The claimant X. The claimant reported X. X, MD documented the claimant reported X. Dr. X reported the claimant was X. Dr. X recommended the claimant X.

X of X from X, MD dated X documented the following findings: "1. X. There is also X. Correlate for X and X. 2. X."

History and X from X, MD dated X documented the claimant reported X. Dr. X documented the claimant described the X. Documented X included X. Dr. X documented the claimant appeared X. Dr. X documented the claimant underwent X.

X of the X from X dated X documented the following findings: "1. X. There is X and X at this X, resulting in X and X. 2. X. 3. X. 4. X."

Progress Note from X dated X documented the claimant was injured on X while X. X, FNP documented the claimant described the X. X, FNP documented the claimant X. The claimant reported X and X. X, FNP recommended the claimant X and be referred to X.

Progress Note from X dated X documented the claimant reported X.

Progress Note from X, FNP dated X documented the claimant reported X. X, FNP documented the claimant X. X, FNP documented X including X. X documented the claimant further described the X as X and X. X, FNP also documented the claimant had X. X, FNP recommended the claimant return for a follow up in X, "X" scheduled, and to refer to X for a X.

Prior denial letter dated X denied the request for X stating "After careful review of all available information, our Specialty Advisor has determined that the proposed treatment does not meet medical necessity guidelines. The principal reason for the determination for non-certification is as follows: The proposed treatment plan is not consistent with our clinical review criteria.' The proposed treatment plan is not consistent with our clinical review criteria.' The proposed treatment plan is not consistent with our clinical review criteria... Per evidence-based guidelines, a recent study concluded that



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X is a more reliable predictor of X. X should be individually considered to determine whether further X are indicated. X evaluations should be selected to distinguish between conditions that are X. In this case, the patient had X. The X of X was X to X. Per Preauthorization Request Appeal dated X, the patient was diagnosed with X. The services requested included X. The reason for the request was for evaluation for X. Appeal requests were made for X interview X and X. However, there was no objective evidence of X or X to support the necessity of the request. There was no clear documentation of a X to identify X or X to objectively assess X. In addition, there were no subjective reports of X or X noted. Moreover, the patient was noted to have X. Furthermore, there was no clear documentation of suspicion of X or X, X. A X evaluation is needed to currently assess the patient's condition, determine recent significant findings, and justify the need for the request. There were no significant objective changes in the medical records submitted to address the previous reasons for denial. Clarification is needed for the request at this time and how it might change the treatment recommendations as well as the patient's clinical outcomes."

**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 ODG, X screening for X conditions is conditionally recommended. ODG also states, "The most helpful components for

predicting X were X.” A review of recent evidence based medical literatures supports this. X, X "X who have X may benefit from X. Such programs should include X to improve X. These programs, which should be conducted by a team consisting of X, X, and X, can X, X, and prepare the patient to X. X has been shown to X and may allow patients with X to X. This type of treatment is generally categorized as X. The X approach is X.

X helps patients to identify and modify beliefs about X and to X. The respondent strategy teaches patients to use X to X. Patients should be encouraged to actively participate in their medical care; this can X and lead to X.” X early assessment for X to X, such as X and X, is helpful in X for injured employees with X.

In this case, the treating provider has appropriately treated the claimant with X including X. The claimant reports X. It was also documented the claimant’s X interfered with X. As stated above, many articles state looking into X affecting the patient early on could lead to X.

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

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

1. ODG by MCG. X. X Screening for X Conditions.