



**MEDICAL EVALUATORS  
OF TEXAS ASO, L.L.C.**

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**Notice of Independent  
Review Decision**

**DESCRIPTION OF THE SERVICE 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 should be:

X

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Mechanism of injury:**

The claimant is X who was injured on X when an X. The claimant was diagnosed with X.

**X studies:**

X of X from X dated X documented the following impression "1.X. There is a X as well, with X. This X causes X. 2. X to X. There is X. 3. Please refer to the X."

X of X from X dated X documented the following impression “1.X. 2. X. 3. X. 4.X. 5.X.”

The claimant X.

**X Treatment:**

X. Operative Report by X, MD dated X documented the claimant is currently taking X.

**X notes:**

Progress Note by X, MD dated X documented the claimant presented for a follow-up on X. The claimant is X. Dr. X documents that the claimant still X. The claimant reports X. X is able to X. The pain has X. The claimant would like to X. The claimant was diagnosed with X.

X Note by X, MD dated X documented the claimant presented for a X. The claimant is X. X reports X. X has been performing a X. The claimant would like to X. The claimant was diagnosed with X.

Prior UR dated X. There should be X. Although this injured employee complaints of X. Without these examination findings this request for a X.”

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

The claimant is a X who was injured on X when an X. The claimant was diagnosed with X. The request is for X.

According to ODG, X. The medical documentation provided revealed the claimant does X. The documentation X. Additionally, since it would be a X. The medical records provided X.

Therefore, based on the X.

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

**DECISION:**

**1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES**

