



**Notice of Independent Review Decision**

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

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**DATE AMENDED:** X

**DESCRIPTION OF THE SERVICE 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

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X when X was X. The claimant was documented having diagnoses of X.

Progress Notes from X usu, MD dated X documented the claimant presented for a follow up evaluation of X. X, MD further documented the claimant had most of the pain felt in the X. X, MD documented the claimant has past X involving X. The claimant was documented to have X.

X Report from X, MD dated X documented the claimant underwent X. X MD further reported the claimant had X.

Lab Report from X dated X documented the claimant underwent X.

Prior Determination Letter from X dated X denied the request for X. There were no new or progressive X. Despite the issues regarding referral, in the absence of new or progressive X.”

**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 X.

According to the Official Disability Guidelines, indications for X. Repeat X is recommended to determine next treatment steps if there is evidence of significant change in symptoms or findings suggestive of significant X. In this case, the claimant presents status X. The prior request for a X was denied based on the fact that the claimant X. The denial is now being appealed however, no new information has been received. It remains relevant that the current medical records fail to establish prior or current clinical findings on X. There is no indication of X. There also remains no indication that the claimant has recently completed X. An X for this claimant at this time.

Therefore, based on the referenced evidence-based medical guidelines, as well as the clinical documentation stated above, it is the professional medical opinion of this reviewer that the request for coverage for 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

X