



**MEDICAL EVALUATORS  
OF TEXAS ASO,LLC.**

2211 West 34<sup>th</sup> 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 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 a X who was injured on X while working as a X.  
The claimant was diagnosed with X.

**Diagnostic studies:**

X documents the claimant went to X.

Progress Notes by X, MD dated X documents the claimant had X. It was recommended that the claimant X.

**Medications:**

The claimant started taking X.

**Progress notes:**



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Letter of X.”

X Summary Report dated X documents subjective complaints of, “X. Pain in the X.X X has X. X: If X is X. XX.X: The X.”

X Visit Progress Notes by X, MD dated X documented the claimant to X. The claimant was diagnosed with X. The requested treatment was to X.

**Denial Letter:**

Workers' Compensation Non-Network Utilization Review Adverse Determination dated X denied the request for X. In this circumstance, the injured worker has been diagnosed with X. The worker was previously authorized for X. A letter from X indicates that the worker continues to X. On examination they have X. The provider has recommended X. The injured worker’s treatment response to X. As such, 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 while working as a X. The claimant was diagnosed with a X.

According to the most appropriate practice guidelines: The Official Disability Guidelines (ODG) X.

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

1. The Official Disability Guidelines (ODG)
2. The Official Disability Guidelines (ODG)