



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

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**Notice of Independent Review Decision**

**DESCRIPTION OF THE 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. The claimant was diagnosed with X.

**Progress Notes:**

According to Progress Notes from X dated X, the claimant underwent a X.

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

**Conservative Treatment:**

X documentation of X.

**Denial Letter:**

Prior Adverse Determination Letter from X dated X denied the request for X“ In this case, the patient is a X. The patient saw the treating provider on X. The patient had a prior X. The patient complains of X. On X examination, there is X. There is X. A successful peer-to-peer call with X, M.D. was made. Per the peer conversation, the details of the request were discussed. It was noted that the last documentation was from X. In that note, the provider noted that X. The treating provider states that X has X. In fact, the provider has seen the patient X. However, there is X. There are X. At this time, the requested procedure is X. Therefore, the appeal is X.

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

The claimant is a X. The request is for X.

The Official Disability Guidelines used in this decision recommends an X. X may be performed for those with X. In X settings, it is common and X to X. With X involved in a X setting, it is also reasonable to plan for X. A X is also reasonable and X and should be X. Based on the ODG guidelines and criteria as well as clinical documentation stated above, the request is X.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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