



**MEDICAL EVALUATORS  
OF T E X A S 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 OR OTHER HEALTH CARE PROVIDER WHO  
REVIEWED THE DECISION**

This case was reviewed by 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. The claimant was diagnosed with X.

**Surgeries:**

The claimant X.

**Conservative Treatment:**

The claimant reports X has X.

**Medications:**



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X documentation of X.

**Progress notes:**

X Evaluation from X dated X documented the claimant to have X. X on exam included X. It was further documented, “Upon examination, patient was X. Patient will X.” The claimant was diagnosed with X.

X Assessment from X dated X documented the claimant presented with X. The claimant reported being a X.

**Denial Letter:**

Peer Review Report from Peer Review Services Division dated X denied the request for X. Based on the documentation provided and per the guidelines, the requested X. Though the claimant has a history of X. There have X. Therefore, 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. The claimant was diagnosed with X. The request is for X.

X, formerly known as X. X, in the form of X. Several peer-reviewed medical literature articles showcase the X. The Official Disability Guidelines X. X is a X. With the X.

Therefore, based on the peer reviewed nationally accepted medical literature, as well as the clinical documentation stated above, the request for X.



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**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**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL  
LITERATURE (PROVIDE A DESCRIPTION)X**