MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: X
DATE OF AMENDMENT: X

IRO CASE #: **X**

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/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X

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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:
The claimant is a X who was injured on X. The claimant was diagnosed with other low back pain and pain in the thoracic spine.

Diagnostic studies:
No documentation of any diagnostic studies provided.

Surgeries:
No documentation of any surgeries provided.

Conservative Treatment:
No documentation of any conservative treatment provided.

Medications:
The claimant is X.

Progress notes:
Office Notes by X dated X documented the claimant to have complaints of constant back pain rating X on a pain scale. The Objective documents that the claimant has attended X. The claimant was diagnosed with pain in thoracic spine and other low back pain and skilled physical therapy was recommended.

Denial Letter:
Prior UR dated X denied the request for X, “1. Is the request for X medically necessary? Non Certified. ‘ODG by X. Therefore, the request for X is non-certified. 2. Is the request for X medically necessary? Non Certified. ‘ODG by X. Therefore, the request for X is non-certified.”

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

The claimant is a X who was diagnosed with lumbar sprain, lumbar pain, and thoracic pain with a date of injury on X. The claimant was seen for X the last date of service was X. The claimant presented as follows X. The clinical documentation provided demonstrated no changes in the measurable impairments since the start of care. The ODG Guidelines for X. The ODG Guidelines for X. The claimant has received X to date with no improvement in documented clinical data. The care has been overutilized. Therefore, based on the ODG Guidelines X is not medically necessary.

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

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

ODG Criteria