



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

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**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



**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Mechanism of injury:**

The claimant is a X who was injured on X when X. The claimant was diagnosed with myalgia.

**Diagnostic studies:**

The claimant underwent an MRI of the cervical spine at X on X with the following impression X.

The claimant underwent an MRI of the cervical spine at X on X with the following impression:X.

The claimant underwent an MRI of the left shoulder at X on X with the following impression:X.

**Surgeries:**

No documentation of any surgeries was provided.

**Conservative Treatment:**

No documentation of any conservative treatment was provided.

**Medications:**

No documentation of any medication treatment provided.

**Progress notes:**

The initial pain evaluation by X, DO dated X documented the claimant to have complaints of X.

The follow-up note by X, DO dated X documented the claimant to have complaints of X.

The follow-up note by X, DO dated X documented the claimant to have complaints of X.



The physician documentation by X dated X documented the claimant to have complaints of X.

The follow-up note by X, DO dated X documented the claimant to have complaints of X.

The follow-up note by X DO dated X documented the claimant to have complaints of X.

The follow-up note by X, DO dated X documented the claimant to have complaints of X.

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The follow-up note by X, DO dated X documented the claimant to have complaints of X.

**Denial Letter:**

Prior UR dated X denied the request for X stating “there is documentation of X. However, there is no documentation of X findings on the physical examination. There is also no documentation of X, it is noted that X has done well with previous X, however there is no documentation of at least X Improvement in pain and functionality for at least X weeks as a result of previous X There is also no documentation of an ongoing X, which is required by guidelines.”



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

The ODG guidelines and nationally accepted literature recommends X. The medical records document the utilization of X. Further, the documents do not show documentation of X. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

The physician documented the utilization of X. The claimant's cervical spine MRI results indicate X. However, there is no explicit documentation of X. Furthermore, while the physician noted the X. Additionally, there is no documentation regarding the degree of relief achieved with X.

**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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL  
LITERATURE