

*Magnolia Reviews of Texas, LLC*

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Utilization report dated X

Clinical report by X, MD dated X

MRI X dated X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who was injured on X and reports symptoms of X pain. The claimant was evaluated on X for X pain. The physical exam noted X to X region. There was limited X with severe X with any movement. X measurements were substantially limited in X. There was moderate X noted at the X. The claimant had X tests. The X MRI did note mild to moderate X through the X. There was mild X noted with grade X. There was X grade X. X was noted at the X. The proposed X was denied by utilization review due to the lack of records demonstrating failure of a reasonable period of non-operative measures before considering surgical intervention.

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

The claimant presented with a X on MRI studies with associated loss of X and X on physical exam consistent with the imaging findings. The extent of the findings would preclude any attempts at non-operative management or rehabilitation. The chronic nature of the X. The best possible choice at this point would be to

proceed with a X as planned. In this reviewer's opinion, medical necessity is established and the prior denials are overturned.

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

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

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