

Magnolia Reviews of Texas, LLC
PO Box 348
Melissa, TX 75454
972-837-1209 Phone 972-692-6837 Fax
Email: Magnoliareviews@hotmail.com

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The mechanism of injury is X. Office visit note dated X indicates that the patient is X months X. On physical examination X. Office visit note dated X indicates that X has had X. On physical examination X. There is X. MRI of the X dated X revealed at X. Office visit note dated X indicates that the patient presents with pain X. Office visit note dated X indicates that the patient recently got an MRI of the X. Physical examination is unchanged. Assessment notes X. Progress report dated X indicates that the patient complains of X. There are no changes from the physical examination noted. The initial request for X was non-certified noting that MRI of the X. ODG requires definitive objective evidence of X that is corroborated by MRI and/or EMG/NCV to support X. The provider has not provided any compelling evidence or information to justify deviating from guideline recommendations. The provider has not provided any explanation for the medical necessity of X as ODG does not support the routine use of X. The denial was upheld on appeal noting that there is no clear documentation of specific functional benefit from the X or documentation of reduced medication intake. Furthermore, there is lack of imaging evidence for which an X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines note that X must be well documented, along with objective neurological findings on physical examination. X must be corroborated by imaging studies and when appropriate, X. A request for the procedure in a patient with X requires additional documentation of recent

symptom worsening associated with X. There is no updated detailed physical examination submitted for review to establish the presence of X. There is no significant X MRI. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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