

Magnolia Reviews of Texas, LLC

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[Date notice sent to all parties]:

02/19/19 and 03/01/2019 and

03/07/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX x 2

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

XX

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XX-year-old XX with a history of an XX XX from XX. The mechanism of injury is detailed as XX XX of a XX, and XX XX XX onto XX. The patient had a XX of XX and XX XX were partially XX XX. The patient underwent multiple sessions of XX therapy. The patient underwent a CT of the XX without contrast on XX, revealing no abnormalities. The patient underwent a CT XX without contrast which revealed a fracture with forcibly removed posterior XX upper XX and soft tissue contusions. The MRI of the XX dated XX indicated the patient had no MRI evidence of acute XX abnormality. The claimant report chronology indicated that the patient was approved for XX testing on XX. The progress notes

of XX, per the neurologist, indicated the patient had chronic post-XX XX. The patient had subjective complaints of XX, XX, XX and difficulty with XX. The patient stated these were present since the XX. The patient did not remember the XX. The patient was awake, alert, and oriented to time, person and place. The patient had normal short-term and long-term memory. The patient had normal language including fluency, comprehension and repetition. The patient had been seen by ophthalmology for visual disturbances and XX XX were normal. The patient had XX on a XX basis. The patient was to be treated with XX by XX XX XX for XX and XX.

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

The Official Disability Guidelines indicate that cognitive behavioral therapy is appropriate for up to XX-XX visits over XX-XX weeks in individual sessions, if progress is being made. A trial of XX-XX sessions should be sufficient to provide evidence of symptomatic improvement, but functioning and quality of life do not change as markedly within a short duration of XX as to symptom-based outcome measures. The records indicated that the patient had a diagnosis of XX and was being treated with XX. The patient was approved for XX testing on XX. While the patient had a diagnosis of XX, objective evidence was not presented, based on recent observation and the results of the testing were not provided. As such, the prior determination regarding XX XX x2 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, 17th Edition (web), 2019, XX Illness and XX Chapter, XX behavioral therapy (CBT)