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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. X was X. Handwritten re-evaluation dated X indicates that diagnosis is X injury, X pain. The patient reports X services have benefitted X greatly, improving with X. Office visit note dated X indicates pain is rated as X. On physical examination X is X.

Previous request was non-certified noting that the reviewer discussed the case with Dr. X assistant who stated that he had not seen the patient since X. He did not write for any recent X and the patient needs to come in and see him before he will okay or write a prescription for any X. The denial was upheld on appeal noting that the total number of X visits authorized to date is unknown; however, the patient has completed at least X. Current evidence-based guidelines support up to X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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

Given the current clinical data, the request for X is non-certified, and the previous denials are upheld. The submitted clinical records indicate that the patient has participated in a course of at least X visits as of X. The Official Disability Guidelines would support an initial trial of X visits for the patient's diagnosis with evidence that progress is being made. The submitted clinical records fail to document significant and sustained improvement as a result of X completed to date. The request for X visits would exceed guideline recommendations. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional

factors of delayed recovery documented. There are no contraindications to a X documented. Recommend non-certification and therefore is it not medically necessary.

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