

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 claimant is a X who was injured on X after being X. The claimant described X pain and had a prior history of an X. Recent radiographs of the X dated X noted no complications at X. The X XX study noted a X which resulted in moderate to severe X. A recent evaluation of the claimant was not provided for review. The last available evaluation of the claimant was several X, dated X. At this evaluation, the claimant was continuing with X for pain. The claimant still described X pain with X in the X. The physical exam noted X. There was X changes noted. The recommended X was denied by utilization review as there was no recent evaluation of the claimant and objective findings did not correlate with imaging results.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: In review of the provided records, there is evidence of X. However, without any recent evaluation of the claimant demonstrating correlating findings in the X, there are no current indications to proceed with X. Given these issues, it is this reviewer's opinion that medical necessity for the X is not established and the prior denials are upheld.

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