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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who had been followed for X. The claimant's medication history included X. The X clinical report noted continuing severe pain in the X. The claimant denied any side effects with medications. The report noted that the claimant had recently undergone a X with significant relief of pain. The claimant wanted to proceed with X. The physical exam noted assistive use of a X. There was X with scale to the X. The use of X was denied by utilization review due to the criteria for X not being met.

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

The claimant was recommended for X based on the claimant's response to the X. The claimant reported significant relief with the X clinical report. The X appeal letter stated that due to an X. The claimant had tried a X which failed. The claimant described X relief with X. The claimant also had an X which was a concern using X. In review of the provided records, the claimant had a significant positive response X. There are noted issues with X medications and

the claimant cannot use X which is a reasonable concern. Therefore, it would be appropriate to proceed with an X. As such, it is this reviewer's opinion that medical necessity for X 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