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. X was X. X of the X dated X revealed at X is creating X. At X there is moderate to marked X. X. There is moderate to marked X. Note dated X indicates that X had x-rays and X. Office visit note dated X indicates that the patient had at least X relief of X pain X. X complains of X pain, especially on the X. The patient received a X which did help somewhat. On physical examination X is decreased. The X are quite exquisitely X. The patient was recommended for X as X is quite anxious about the procedure. Office visit note dated X indicates that the patient is X. Diagnoses are X and X. Chart note dated X indicates that the patient underwent only X sessions of X for this X. X also had two X which only helped temporarily. Follow up note dated X indicates that X examination is 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 initial request for X was non-certified noting that it is noted that the patient has been treated for X. In that there is no indication of failure of X treatment of the X and noting that the guidelines do not support X as it could negate results, the request is not supported. The denial was upheld on appeal noting that as noted in ODG'S X, are not recommended. ODG also notes that X are both deemed not recommended. The attending provider failed to furnish a clear or compelling rationale for the decision to pursue X of the unfavorable ODG position on the same. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require documentation of failure of X treatment prior to the procedure for at least X weeks. There is no documentation of failure of X treatment specifically for the X submitted for review. There is no documentation of any recent active treatment. The most recent physical examinations submitted for review fail to document positive X with increased pain on X. 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 ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES