

*Magnolia Reviews of Texas, LLC*

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Notice of Independent Review Decision

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

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

MD, Board Certified X

**REVIEW OUTCOME:**

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who sustained an injury on X when X. The claimant had X from X that addressed X. The claimant had X and had X. X dated X noted X. There was X noted from X. The X evaluation noted X and X with X. The physical exam noted X. There was no X noted. No X or X were noted. The proposed X for the X was denied with the rationale noting "There are no significant findings documented on physical examination to support X at this time. X is X. X is X. X are normal. There is no documentation of a X.

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

The records submitted for review would not support the requested X as reasonable or necessary. The records submitted for review did not identify any X. No X or X was evident in the records. At this point, it is unclear how the request would impact treatment recommendations for the work injury which is X. Without additional clinical information that would support the request, it is this reviewer's opinion that medical necessity 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**