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. The mechanism of injury is described as X. X CT myelogram dated X revealed X. X is present along the X. X are opacified without X. X is re-demonstrated at X. X is present at X with X. Follow up note dated X indicates that the patient is being followed for X. X has confirmed X. X has been stable on X for quite some time. X does excellently with X for X. X is status X. The patient underwent X. The X improved X symptoms by approximately X however, X had X. X continues to complain of X. Current medications are X. On X examination X is X. X, are X. X is essentially X in X. There is X in the X. X are X and X. X sign is X. X is X. X continues to be X. There is a moderate amount of X especially on the X area. The patient was recommended for X. The initial request for X was non-certified noting that the Official Disability Guidelines do not support X. Within the medical information available for review, there is documentation of a request for a X. Additionally, there is documentation of X. However, there is an absence of established criteria for medical necessity given that there is little to no consensus as to what X. Furthermore, there is documentation that the patient underwent a X. Letter of appeal dated X indicates that X have worked well for the patient in the past except for the X and traditionally allowed X to be pain- X. The denial was upheld on appeal noting that the Official Disability Guidelines state that these X are "under study." While the claimant has some X, X did not respond to the X. X gained X. X also has 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 submitted clinical records indicate that the patient X. The X improved X symptoms by approximately X; however, X had X. X continues to complain of X. The Official Disability Guidelines note that X are under study. There is little evidence that the X. Additionally, there is no documentation of any recent active treatment. Given the lack of response to the most recent procedure, lack of support from the Official Disability Guidelines and lack of recent active treatment, medical necessity is not established for the request.

## 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