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**IRO REVIEWER REPORT**

X

**IRO CASE #:**

X

**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

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. The patient sustained a X, per note dated X. MRI of the X shows X. The patient underwent X. Note dated X indicates that the patient has X. The patient X. Per medical report dated X, the patient presents for re-evaluation with reports of X. Pain is described as X. Pain is increased by X. Per examination, noted X. It is reported that X. X did note an overall improvement in X. X continues to do a X. Office visit note dated X indicates that the patient presents for follow up with complaints of X. Per examination, X. Assessments are X.X. The patient has had X denied. The X showed improvement of X pain. The patient X.

The initial request was non-certified noting that per evidence-based guidelines, X. In this case, the patient complained of X. The patient described X. The pain was rated X. X underwent a X. A request for X was made. However, there is little evidence that the X. In addition, there were X documented to necessitate the request. The denial was upheld on appeal noting that per evidence-based guidelines, the X. In this case, the patient was having X. Per the report dated X, X rated the X. It was noted that an X was documented. An MRI of the X had shown X. It was noted that X. A request for X was noted. However, evidence of X was not justified. There was X exam in the recent office visit with documented X. It was also noted that the X. Lastly, there 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 patient has X. The Official Disability Guidelines would support X. There are no post-procedure records submitted for review with documentation of the patient's response to the procedure. 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 MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**