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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 claimant is X who sustained an injury on X and had been followed for a history of X. The claimant had a prior history of a X. The claimant had been followed by X for continuing complaints of X. Imaging from X noted X. There was X. X was reported at X. Updated X. The X evaluation by X noted X. The claimant had reported X. The X noted X. There was a X. The proposed X denied by utilization review due to limited records supporting X or evidence of a X. There were concerns that X.

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

The claimant has been followed for a history of X. In review of X appeal letter from X, the opinion was that the claimant X. While X, there was X. The records noted that the claimant had X. There is no evidence of a current X. Updated X. The X being a X is not clearly established in this case. Therefore, it is reasonably unclear how X would be of benefit to the claimant vs. X. Therefore, it is this reviewer's opinion that medical necessity is not established, and the previous 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