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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 was carrying a X. X almost cleared the X. X was X. The X then X. X-rays of the X dated X are unremarkable. MRI of the X dated X revealed X. Office visit note dated X indicates that the patient has made X. The patient underwent X. Office visit note dated X indicates that the patient underwent X. X are X. X is X. X evaluation dated X indicates that treatment to date includes X. Current medications are X. X denied any treatment for X. Pain is rated as X. BDI is X and BAI is X. FABQ-W is X and FABQ-PA is X. X evaluation dated X indicates that current X. Office visit note dated X indicates that

the patient complains of X. X examination is unchanged since last office visit. Diagnosis is X. The initial request was non-certified noting that the goals of the program in question were, X. A significant component of the patient's issues is X. There is no record of the patient having X. The patient is noted to be pending receipt of X. Appeal dated X indicates that patient had an X on X before the X evaluation which X reportedly initially worked with X "X" but has returned since then. Also, X has been denied the "X." Patient does not need X as X results on X BDI and BAI are X. Due to X having X. The denial was upheld on appeal noting that the medical records in this case do not clearly document that such first line treatment was exhausted. Moreover, the medical records indicate that the injured worker has only X. In that case, it is not clear why a X. On the other hand, if the injured worker does have significant 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. There are X records submitted for review with documentation of the X. The patient's only current medications are X. The submitted appeal letter indicates that the patient presents with X. It is also unclear as to how the patient is 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 MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES