

Magnolia Reviews of Texas, LLC

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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. X was X. Treatment to date includes X. The patient is X. X dated X indicates that the X. The patient X. The patient X. X dated X indicates that current X. The patient reports X. Pain is rated as X. X is X. X is X and X. The initial request for X was non-certified noting that per ODG, "At the X. Prior to X should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A X be considered a X, but prior X or X if otherwise indicated." In this case the patient X in late X. There are no documented extenuating circumstances to support an exception to the guidelines. Appeal note indicates that the patient X. On the X it was noted that the patient's X and the X. This shows an X. Patient

has X. This is a X and ODG states if something has changed, or if patient has had X, a X to get to a X. Patient has X. The denial was upheld on appeal noting that the documentation indicates that the patient X. While the claimant has since had a X, there is no explanation why the claimant requires a repeat of the same program for the X rather than X. ODG states at the conclusion and subsequently, neither X The provider has not provided any new clinical findings or compelling information to justify overturning the prior adverse determination or deviating from the guides.

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 non-certifications are upheld. The patient X in late X. Current evidence-based guidelines do not support reenrollment in or repetition of the same or similar X. The patient is X. The length of X is a X of X in the program. There is no documentation of X. There is X. Therefore, medical necessity is not medically necessary 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