

*Magnolia Reviews of Texas, LLC*  
PO Box 348  
Melissa, TX 75454  
972-837-1209 Phone 972-692-6837 Fax  
Email:@hotmail.com

**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:**

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who sustained an injury on X when X, X. The claimant was assessed with X at the X and X. The claimant did have a X history for the X. Other treatment had included a X. Despite treatment, the claimant continued to report pain at the X and was recommended for a X which was performed in X. Due to further X issues and X, a X was performed in X. recent imaging for the X was

included for review. The X evaluation noted continuing X more X. The X noted no X. At the X, there was X to X noted. There was X and X with X. X of the X read in office were stated to X. The X procedure was denied by utilization review due to the lack of recent imaging for the X that would support proceeding with further X.

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

In review of the claimant's last evaluation, there was clear X noted of the X indicating X with X. These are indications for proceeding with a X of the current X. This required an X and X as requested. Therefore, it is this reviewer's opinion that medical necessity for the requests is established, and the previous denials are overturned.

**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**