

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X. The patient was X. The X. Treatment to date X. Per the X by X, DC dated X and X. X presented for an X. X rated the X. Per findings, X. X should be X. Per X the X. X was X due to X. X was X. X and X current evaluation X. Per recommendation, the X. This X may be necessary

in order to X. The X indicated that the X. Documented X. The X and X were not documented. As per the X and X by X, the patient reported X. X rated X. X rated X at X and rated X. X and X and X. Per X was X. X was X. X, indicating X. X on the X. X showed X. On the X reported X including X. X was X to X. X also reported X. X was X. X reported a X and X. X was X. On the X. A X in the X. Per X and X by X, MD dated X, the patient X. X had a X. X has X. X had X. X had X and X. It had been X. X did have X. X has X. This patient X. The patient X and X. X pain X. The X showed X. X with a X. X was X. X did have X and X. X had X. X had X. X and X. X did have X. There was X and X. Current X were X. Request for X indicates that the X. X had a X. X has 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 initial request was X. In this case, the patient's X that X. X scored X. X scored on the X. A request was made for X. However, X. Clarification is needed with the request and X. The denial was upheld on appeal noting that per guideline, X are recommended X. In this case, the X. X on the X. A request for appeal X was made; however, X. X under X and X which is X. Also, it is X. There is X, and the previous non-certifications are upheld. The patient X. The X. The submitted clinical records indicate that the X. The patient's 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