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Notice of Independent Review Decision

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 claimant is a X who sustained an injury on X and had been followed for X. The claimant X on the date of injury X. The claimant was seen on the date of injury at the X. X of the X were reported as X. The X were X. The X evaluation noted X and X. The claimant also reported X and X to the X. The X noted X. There was X also noted at the X. The requested X and X were denied by utilization review as there

was no indication that X were completed prior to considering the X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: In review of the available records, the claimant has continued to report X that have persisted for more than X after the date of injury. Additional clinical findings included X and X. The claimant denied any X. X were X for any X. Given the claimant's X following X and the evidence of X in the X, it would be reasonable to proceed with X and X. 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