

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 whose date of injury is X. The mechanism of injury is not described. The patient underwent X and has been authorized for X. X and X indicates that the patient had X as of that date. Patient reports X. The X Pain is

rated as X. X is X, but still X. On X. History and X indicates that X continues to be X. Current medications include X. On X. X will continue X.

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

The request for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that ODG supports up to X. In estimating the X. When X and/or X the guidelines, exceptional factors should be noted. The claimant has had a X to the X, it is expected that the claimant is X. There is X beyond guideline recommendations rather than X. The denial was upheld on appeal noting that current evidence based guidelines X for the X, and there is no clear rationale provided to support exceeding this recommendation. When treatment X and/or X should be noted. There are no exceptional X documented. The patient has completed X and should be X. Recommend upholding the previous denials. The patient X. The request for X would exceed guideline recommendations. There is no updated X provided upon completion of X. There are no X notes submitted for review with documentation of ongoing significant and sustained improvement. There are no X documented. Therefore, The request for X is not recommended as medically necessary.

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