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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 described as a X. X and X. Follow up evaluation dated X indicates that X is X. Follow up evaluation dated X indicates that X. The patient states X. X are X. Past medical history is X. X is X. On X are X. X is X. X is X. Diagnoses are X and X and X. X had X. X had X but did X. X was denied. X received a X which X. This note states that X. X has X. X was recommended for X to X.

The initial request for X was non-certified noting that as noted in ODG, X is not recommended for X, with ODG noting that a claimant's self-report or an attending provider's interview techniques are more X for this purpose. There is X or compelling rationale in favor of the decision to pursue X for the purpose of determining the claimant's X in the X is not appropriate for this purpose. It was likewise unclear why X was ordered in the context of the claimant's having already X. There is no record of any mismatch between the claimant's X and the X. The denial was upheld on appeal noting that the X recommended X. However, the X report of X does not mention X and states an X is not medically necessary. The medical necessity of this request for an X to determine X has not clearly been demonstrated.

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 and X is not recommended as medically necessary. The initial request for X was non-certified noting that as noted in ODG, X is not recommended for X purposes, with ODG noting that a claimant's X for this purpose. There is no clear or compelling rationale in favor of the decision to pursue X for the purpose of determining the claimant's X in the face of ODG 2020 position that X is not appropriate for this purpose. It was likewise unclear why X was ordered in the context of the claimant's having X. There is no record of any X. The denial was upheld on appeal noting that the PA indicated that the X recommended X. However, the X does not mention X and states an X is not medically necessary. The medical necessity of this request for an X to determine X has not clearly been demonstrated. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has been X. There is a lack of information provided regarding the patient's X and X. The Official Disability Guidelines note that X is not recommended for X. Recommend non-certification.

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