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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. X of the X showed X, X for X. Treatment to date includes X. The patient underwent X with X and X on X, X with a X on X. Designated doctor evaluation dated X indicates that compensable diagnoses are X. The patient was determined to have reached X. Note dated X indicates that the patient presents with X. X is X. Patient has had X and X. X note dated X indicates that the claimant reported that, "It just X, but I noticed some X from X," with a X of X on a X. The X was located on X. The X revealed X in X of X to X in which the claimant reported continued X in X an X using X; X from X to X, X from X to X, X from X to X, and X went from X to X. The X in X in X was X to X, X was X to X, X was X to X; X was X to X, and X was X to X. The claimant has attended X regularly and demonstrates X with X at this time as evidenced by the X in X. The claimant has reported some X from X as compared to when initiating X. The recommended treatment plan was to continue X to X to X and X and also to increase X. Current X are X, X, X and 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. Based on the previous peer review report by Dr. X dated X, the request for an X for X was denied with a rationale stating that "Per ODG, "Treatment should be "X". Patients should be formally assessed after a "X" to evaluate whether X has resulted in positive impact, no impact, or negative impact prior to continuing or modifying treatment." In this case, the X notes clearly indicate that the claimant has X in many aspects of X physical examination findings despite doing X so X is not indicated. Therefore, the request for X for X (X) X is not medically necessary." The denial was upheld noting that "In this case, the history and documentation do not objectively support the request for an additional X at this time. The ODG state "ODG X Guidelines -Allow for X of treatment frequency (from X per week to X or less), plus X. Treatment should

be "X", with formal re-assessment after a "X" to evaluate whether X has resulted in X, X, or X, prior to continuing or modifying treatment. X (X): X over X

X treatment: X over X". However, an outlier status has not been described. Furthermore, the claimant has X and an X has been recommended but there is no evidence that it has been done. Thus, there is no clinical information that warrants the continuation of X for X. As such, the medical necessity of X has not clearly been demonstrated. Therefore, the request for X is not medically necessary." 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 undergone X to date. The request for X would exceed guidelines. When X or X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. The submitted clinical records fail to document 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
ODG by MCG (www.mcg.com/odg), Evidence-Based Medical
Treatment Guidelines, X Section, X, updated X**