

**Magnolia Reviews of Texas
PO Box 348
Melissa, TX 75454**

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:**

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 an X whose date of injury is X. The patient X on this date. X has experienced X since that time. X are noted to include X, X and X. Treatment to date includes X. X of the X dated X show X in X, suspected X. Office visit note dated X indicates that X is X. The patient X. Office visit note dated X indicates that X. The possibility of X was discussed with the patient. Progress note dated X indicates X is X. Progress note dated X indicates X pain is X. Current medications

are X, X, X and X. On exam X has a X, X with X. Assessment notes X, status X, X, X, unspecified X. X evaluation dated X indicates that X. X is seeking X to X and X. The patient's X status 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 non-certified noting that, "the Official Disability Guidelines do not recommend this treatment as there are multiple concerns with treatment that include X. The documentation indicated X was recently seen and recommended to undergo this treatment; however, there is a lack of extenuating circumstances warranting treatment outside of guideline recommendations." The denial was upheld on appeal noting that, per ODG, the X is not recommended. There are no documented extenuating circumstances to support an exception to the guidelines. The treating physician has not provided strong scientific medical evidence to rebut the ODG's conclusion that evidence to support this treatment is currently lacking. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that X has not generally been utilized in the United States. Both X and X are considered experimental, investigational or unproven by some commercial carriers. X involves X. There is insufficient evidence to support the safety and effectiveness of X for any indication. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. 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