

---

*Magnolia Reviews of Texas, LLC*  
PO Box 348  
Melissa, TX 75454  
972-837-1209 Phone 972-692-6837 Fax  
Email: @hotmail.com

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X, X of the X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD, Board Certified X

**REVIEW OUTCOME:** X

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. X was X and experienced X, X and X. Office visit note dated X indicates that patient has not been X as X is available. X is still X with some X into X. Assessment notes X. X of the X dated X revealed X at X with X resulting in X. Office visit note dated X indicates that X has X in the X that X into the X and is associated with X of X to the X. X initial evaluation dated X indicates that only X is being addressed on this date. X has completed X, no X. Per the progress note dated X the claimant reported X to the X described as X.

Previous treatment included X. X included X and X. On X examination there was X. There was X to X of the X at X and X. Progress note dated X indicates that the claimant has X with X. No X. Has completed X and is doing a X. Diagnosed with X and X. Plan is for 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, X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that “Per the ODG by X are recommended prior to considering X (eg, X). The claimant reported X to the X described as X. However, the claimant had X and X are not supported by the guidelines for X or X. As such, the request for X, X is not medically necessary.” The denial was upheld on appeal noting that, “The claimant’s Diagnosis include: X. There was prior non-certification of this request due to X being X. At this time, it is still not clear if the X is X as there is subjective and objective findings stating the claimant has X. The peer-to-peer attempts have failed to clarify. Therefore, the request for X, X is not appropriate or medically necessary for this diagnosis and clinical findings.” 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 feels like X. X. The patient is noted to present with a diagnosis of X, X. The Official Disability Guidelines require absence of 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](http://www.mcg.com/odg)), Evidence-Based Medical**