

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

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:

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 claimant is a X who sustained an injury on X when X, X. The claimant was assessed with X at the X and X. The claimant did have a prior X history for the X. Other treatment had included a X including X. Despite treatment, the claimant

continued to report X at the X and was recommended for a X which was performed in X. Due to further X and X, a X was performed in X. recent imaging for the X was included for review. The X evaluation noted X. The X exam noted X to X. At the X, there was X to X noted. There was X and X. X of the X read in office were stated to show X. The X procedure was denied by utilization review due to the X of X that would support proceeding with further revision.

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

In review of the claimant's last evaluation, there was X noted of the X of the X. These are indications for proceeding with a X. This required an X and X with X and X as requested. Therefore, it is this reviewer's opinion that medical necessity for the requests is established and the previous denials are overturned.

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