
Magnolia Reviews of Texas, LLC

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IRO REVIEWER REPORT

X

IRO CASE #:

X

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient was diagnosed with X. Prior X. Prior X. On X the injured worker reported X. Prior X. Prior X. There is X. There is X. On X.X. A X was proposed. X was obtained on X. X evaluation indicates that diagnoses are X. X did not appear to be X. Current medications are X. Current pain is X. X. Office visit note dated X indicates that the patient presents with X. Current medications are X. Pain is X. X show 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. The initial request was X. It is X-out. There is X. The request for the X
." The denial was X. There is no indication of a X
. There are X. There is X. Therefore, the request for X." There is X. The most recent office visit note submitted for X. This note indicates that X. X says that X. They are X. There is X. X are not X.

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