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Notice of Independent

Review Decision

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 Upheld (Agree)

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. The mechanism of injury is not described. X underwent X. X underwent X. X of the X dated X, revealed:X

. Follow up note dated X indicates that X presented with complaints of X. X did well X. X has had some X. X was X. X complains of X. X X. X rates X X. X had a X on X. X reports that X received X. X is X. The claimant underwent a X on X. X received X. X then underwent a X on X. X received X. X continues to have X. X is currently having a X. X continues to have X. On today's visit, X is X. Examination revealed the claimant is X. X is X. X test is X. X test is X. X are X is X. Over the X has X. Treatment plan is to continue with X current X and a X. Letter of appeal dated X indicates that X had X on X which gave X.

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

The request for X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified

noting that, “in this case there was X is not medically necessary.” The denial was upheld on appeal noting that, “ODG guidelines X. Although X. Therefore, the request for Appeal Request for X is not medically necessary.” There is X. The Official Disability Guidelines note that X are X. Recommended on X. This is a X. Current research is X. Letter of appeal dated X and office visit note dated X indicate that X had X. However, the operative report submitted for review indicates that the patient underwent a X on X. It appears that the only X performed to date was on X. There are X. Therefore, medical necessity is not established in accordance with current evidence based guidelines for the request for the 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**