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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 a X whose date of injury is X. X and X on X. X sustained injuries to the X. The patient initiated X on X. X dated X indicates that diagnosis is X. X is X at X and X at X with X. On X of the X is X, X, X, X. X is X, otherwise X. Letter of medical necessity dated X indicates that the patient did show progress with X. Patient is X as a result of X and 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 patient has been approved for X to date. The X exceeds the guideline recommended duration for treatment. There is no documentation contradicting X address any ongoing deficits." The denial was upheld noting that, "the claimant has exceeded guidelines at this time. The claimant should be well versed in a X at this time, and there is no documented contraindication to X. There are no documented extenuating circumstances for this patient that would warrant exceeding guidelines or going outside of them, therefore the request is non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that this patient has X to date. The request for X would continue to exceed the Official Disability Guidelines. When X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. The patient has X and should be capable of continuing to X and X with 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**