

Magnolia Reviews of Texas, LLC

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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. On this date the patient reports that a X. X has had X. X underwent X. X dated X showed X. At X. There is X. The patient received X. Follow up note dated X indicates that X. X is at least X. X is X. Follow up note dated X indicates that the patient is now X. X is still X. X has X. X affect has X. X wants to proceed with a X. X received 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. However, there is no documentation of X. There is no documentation of X. The X. Three weeks later on X the claimant reported X. The provider recommended a X. ODG states X. Although the claimant reported X. More recent information has been provided which would support the performance of a X. Follow up note dated X indicates that X. X is at least X. X is off X. Follow up note dated X indicates that the patient is now X. X is still X. X has X. X affect has X. X wants to proceed with a X. X received X. Given 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