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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. The mechanism of injury is X

- . The claimant felt X
- . Identified comorbidities include X
- . Prior treatment has included X
- . Current diagnosis X. Follow-up note dated X, states that the claimant is X. The claimant was referred

For X

- . The claimant is showing X. The provider is going X
- . The provider states that the claimant has X
- . The claimant is a X. Follow-up note dated X, states that the claimant is X. The provider notes that the claimant has X. The provider states that X. The claimant's pain in the X. The claimant is X. The provider states that X. Follow-up note dated X, states that the claimant X. The provider notes that on examination that the

claimant has X. X. The provider been treating the claimant for X. Today, the claimant is in X

. The provider is requesting X. The X as previous X of the X. The claimant has been having X. The provider will go ahead and arrange for

X. The claimant wants to X. The provider has given the claimant information regarding X. However, X

. The claimant is X. The

provider states that any further 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. Due to X. ODG outlines the criteria for X. A request for the procedure in a patient with X. X treatment X. X should be administered X. X is not recommended. X generally recommended. When required for X. In this case, the claimant presents with X. There is no documentation of any X.

Although the claimant has X. There is also no updated X. Thus X.” The denial X. A request for the procedure in a patient with X. There should be X. X is not a X. There should be evidence of X. This can include a X. In this case, the provider recommends X. However, review of the clinical documentation does not support X. There is no documentation of X. The records do not support X. Given the above reasoning, the X. Recommend X.” There is X. There are X. There is no documentation of X. There does X. Therefore, medical necessity is not established for 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