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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 claimant is a X who sustained an injury on X and had been followed for X. Following X, the claimant still reported X at the X. It is noted that X studies dated X

noted X. The X evaluation did not include specific X exam findings.

The requested X was denied due to the lack of current objective findings or X evidence of X.

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

In review of the clinical findings, the claimant has an established history of X through the X evaluation. However, the records submitted did not detail any clear evidence of X. The claimant's X study was X. No X findings were detailed as of the X evaluation. At this point, it is unclear how further X would improve the claimant's overall X vs. the X. Therefore, it is this reviewer's opinion that medical necessity is not established for the X and the prior denials are upheld.

**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**