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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 was X. The patient underwent X. X progress note dated X indicates this is the patient's X. Patient feels like X has X in the X though X still has X on the X of the X. On exam X is X, 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 ODG recommends X. The patient had undergone X and X. X continued to have some X. However, this request X guideline recommendations and there was no indication that X was unable to X. The denial was upheld noting that the patient has completed the cited guidelines recommended amount of X and has X. X and X are not recorded. The X is not recorded and there are no notes provided for review from the X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no X submitted for review. There are no X submitted for review. There are no X records submitted for review. The request for X would exceed guidelines. When treatment X and/or X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. The patient has completed 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**