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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

**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 a X. X attended X. The X on X presented X. X examination revealed X. Current medications are X. X report revealed X. Current diagnoses include X. Treatment to date includes X. The treatment requested is 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 non-certified noting that “Within the medical information available for review, there is documentation of subjective findings X . However, there is no documentation of X.” The denial was X. Therefore, the requested X.” There is X. The patient’s X. X is X in the X. X are X. There is X. Therefore, 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**