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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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient X. X dated X shows at X. Associated X. X. The patient received X on X. Progress report dated X indicates that X. X did get X. X states that the X. Able to X. X is X. On exam X. X of the X. Assessment X. Progress report dated X indicates that X. On exam X. X, X of X. X is X.

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

The request for X. The initial request was X. This treatment should be administered in X. Not recommended for treatment of X. X are not recommended as a X. X at X. Based upon the medical documentation presently available for review, the above-noted X necessity for this specific

request. There are X. The current documentation showed X distribution. As such, the request for X.” The denial was X, “Guidelines support potential treatment with an X. Although this claimant X. X testing is X. This X was also noted in the previous review. Furthermore, there is X. As such, the request for a X.” There is X. There is X. While there are X. There are X. There is X. Therefore, medical necessity is 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