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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:

MD, Board Certified X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

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 underwent X in X. X dated X shows X. X is noted X. The patient X on X. Office visit note dated X indicates that X. On physical examination X. There is X and X. Otherwise, the patient's physical examination is X. Assessment notes X. Telephone encounter dated X indicates that X. The claimant has been diagnosed with X. X current pain level is X. X would like to try X. X has had X with X and X. It is reported that X. X also continued with X. Telephone encounter dated X indicates that X. Pain level is X. The patient underwent 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 the individual has had X. However, the individual X. There is no documentation of X. Therefore, it is unlikely that X. The denial was upheld on appeal noting that X. Per the peer discussion,X, this remains inappropriate at this time. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient's most recent X. The submitted clinical records document X. There is no documentation of X following the X. The patient underwent X. There are no X submitted for review; however, by X, the patient's pain level was X. There is again no documentation of X or X. Therefore, medical necessity for the request for X is not established in accordance with current evidence based guidelines.

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