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*Magnolia Reviews of Texas, LLC*  
PO Box 348  
Melissa, TX 75454  
972-837-1209 Phone 972-692-6837 Fax  
Email: @hotmail.com

Notice of Independent

Review Decision

**IRO REVIEWER REPORT**

X and X

**IRO CASE #:**

X

**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 Upheld (Agree)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. X stepped down from a X. MRI lumbar spine dated X shows X. X central disc protrusion mass effect on either proximal right X. At X there is X. Treatment to date includes X. Progress note dated X indicates that the patient had completed X. X physical demand level had improved from sedentary/light to medium. Work hardening/conditioning progress note dated X indicates this is the patient's X visit. X demonstrated the ability to perform X of the physical demands of X job as an 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 X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "In this case, the appears to have already completed a chronic pain program in X. ODG guidelines do not recommend X. There are no documented extenuating circumstances to support an exception to the guidelines. The request is not shown to be medically necessary. Therefore, the request for X is non-certified." The denial was upheld on appeal noting that, "The records provided do not address why X. The peer's designee stated that there was no knowledge that the injured worker had previously completed a X. No additional clinical information or extenuating circumstances were described in the peer conversation nor is new clinical information demonstrating such extenuating circumstances documented in the appeal letter submitted subsequent to the initial determination." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient completed a X. Current evidence based guidelines note that "Upon completion of X is medically warranted for the same condition or injury." Also, the patient has completed at least X. The request for X would exceed guidelines. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional

factors of delayed recovery documented. Therefore, medical necessity for X is not established in accordance with current evidence based guidelines and is not medically necessary.

**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**