

**CALIGRA MANAGEMENT, LLC**  
**344 CANYON LAKE**  
**GORDON, TX 76453**  
**817-726-3015 (phone)**  
**888-501-0299 (fax)**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X who was injured on X, when X.

On X, the patient was evaluated at X by X, APRN in a follow-up for a X injury that X sustained on X. The patient reported that X went to urgent care on X, for X. X was hospitalized and discharged on X. X had an MRI and the orthopedic surgeon, Dr. X noted that something in the patient's X. X reported a X. The pain was described as X. X was recommended X. The previous X was done by Dr. X, Neurosurgeon from the X of X and wanted to go back to X for X. X felt X at this time. The history was notable for the X. On examination of the X, there was X. There was X. The patient had X but stated X. X was unable to X. There was X to the X. X could X only minimally due to pain. The diagnosis was X. X were prescribed.

On X, X, M.D., provided a referral request to X.

On X, the patient was evaluated by X, D.O. in an initial office visit for X. The patient sustained an injury on X, worsened with X. X had a history of three different X. This was done by Dr. X and X had a X anteriorly done by Dr. X and then X ended up having a X. X also had a X. X also had a history of X. X ended up going to X. X reported that the X got worse after X went to X. Magnetic resonance imaging (MRI) scans of the X were both performed on X, that showed X. No significant X. MRI of the X did not show significant X. No X. The patient continued to have pain despite taking X, X. X reported the only thing that seemed to help X somewhat was X, but it made X sleepy. X reported pain at night. X still worked as an X, but X was working with restrictions of light-duty. On examination, a well-X in the X were noted. The patient had trouble sleeping at night. There was palpatory tenderness at the X. Spurling's induced severe pain in the X, referring up to the. The patient ad X because of the pain. Normal strength in X with severe pain upon the X areas particularly on the X was noted. There was a positive X. The diagnoses

were X pain and X. X were prescribed. X exercises were recommended.

On X, the patient underwent an electrodiagnostic consultation at The X, P.A. The electromyogram (EMG)/nerve conduction study (NCS) was abnormal. There was electrodiagnostic evidence of X. There was no electrodiagnostic evidence of either a X. Clinically the patient described symptoms to X. The electrodiagnostic findings were consistent with a more generalized X. The patient had exquisite pain when going from a X. Treatment recommendation included the use of a X, MRI of the X and a X evaluation.

On X, the patient was evaluated by Dr. X in a follow-up visit. The EMG/NCS showed X. The patient continued to experience X pain, particularly severe X pain on the X. X had X. X was status post X. X was not deemed to be a candidate for any further surgery from Dr. X. X stated X only took X as needed, X made X too sick after three days, so X stopped taking it. On examination, exquisite X was noted on the X area lateral to the X, increased with X. Mildly positive X was noted. There was mildly decreased X. Spurling's induced X pain along the X. The diagnoses were X. X was prescribed X. A X was recommended. A referral to X was provided.

On X, a Review Summary was completed by X, M.D., who denied the requested services of X. Rationale: *"Per the ODG, X."*

On X, a Notification of Reconsideration Adverse Determination was completed by X, M.D. The service requested was X. It was determined that the proposed treatment did not meet the medical necessity guidelines. Rationale: *"A prior physician review of X noted that the request is for X. The Official Disability Guidelines do not specifically discuss this request other than in the context of X. In this case, the treating physician notes concern regarding potential X. Overall, it is not clear that the claimant has X. For these reasons, at this time, this request is not medically necessary and should be non-certified."*

On X, a Review Summary by Dr. X indicated that requested services of X was denied. Rationale: *"A prior physician review of X noted that the request is for X, which are not supported in the guidelines given the X of this patient's pathology. The Official Disability Guidelines do not specifically discuss this*

*request other than in the context of X. In this case, the treating physician notes concern regarding potential X. Overall, it is not clear that the claimant has X. For these reasons, at this time, this request is not medically necessary and should be non-certified.”*

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

According to the ODG, in the context of X. The patient should be initially X. The patient had one X that made X pain worse. The available records do not document X. MRI of the X did not show significant X. The ODG criteria has not been met. Therefore, the request for X is non-certified.

Medically Necessary

X Not Medically Necessary

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**XODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**