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

The patient is a X. X works as a X. The claimant X. X experienced pain in X.

On X, The X, Recheck Injury Flowsheet indicated the patient was ordered a X of the X.

On X, X, D.O., evaluated the patient for the X pain. X of the X. X of the X revealed X. X was noted. The X was noted along the X. The X was good. The X was noted on the X. The diagnoses were X. X were started and X was ordered.

On X, the patient was seen at X for the X. X was recommended X. From X, through X, the patient completed X. On X, it was noted that the patient was making X. X was improving X slightly. X was continued.

From X, through X, the patient was seen by Dr. X for X. The patient had completed X. on the exam, X was noted with pain during the X. The X was intact to X. Dr. X opined the patient had X and referred the patient to X.

On X, X, M.D., saw the patient for X. The patient had tried X. The pain was rated at X. The patient was on X. On exam, the X. The X. X was positive on the X. The patient had decreased X. X had X. The X were decreased. The X and pain were noted at X. The diagnoses were X. X were ordered.

On X, Dr. X started X.

On X, Dr. X awaited for the X studies.

On X, an X of the X revealed the X. The other level, of the X showed no

significant X. Multilevel X, worst at X. Mild to moderate X. Mild X. No X was seen.

The X dated X, revealed X but no significant X in the X. X was mildly encroached due to X. X were noted at X.

On X, Dr. X reviewed the X studies. The patient was X. Dr. X planned for X. The patient was quite X. X were prescribed.

On X, Utilization review was performed and the X were denied based on the following rationale: *“The Official Disability Guideline recommends X pain. Criteria for the use of X include clinical objective and subjective findings to show X confirmed on imaging after X. For a X, there should be documentation of X. The patient complained of X. Upon physical examination, the X was decreased in X, and there is a X test that was positive on the X. The imaging revealed at the X. At the X level, there is a broad-based X. The past X included X. The guideline recommends using X. The use of X should be avoided. However, the guideline recommends X. However, the guideline does not recommend performing X on the same day of treatment as X. Also, there is no documentation provided of the patient having X. In the state of Texas, modifying a request is not allowed. Therefore, the request for a X is non-certified. The Official Disability Guideline recommends X. The criteria for the use of X. It is limited to patients with X pain that is X. The patient must have documentation of X, in this case, the patient complained of X. Upon physical examination, there was a decreased X. The past conservative treatment included X. The patient participated in X. The guideline recommends X. The guideline under the X recommends the use of X. However, the guideline does not recommend performing X on the same day of treatment as X. Also, there is no evidence provided of the patient having X. In the state of Texas, modifying a request is not allowed. Therefore, the request for X is non-certified.”*

On X, Dr. X appealed against the denied decision.

On X, the reconsideration denied the requested X. Rationale: *“A peer-to-peer discussion was unsuccessful despite calls to the doctor's office. The Official Disability Guidelines state X are recommended as a possible option for short-*

*term treatment of X pain with use in conjunction with active X efforts. X are not recommended for X pain. X should not be performed on the same day per the guidelines. The guidelines state X should be avoided. From the documentation provided for review, the most current progress note does not have objective examination information. The notes stated the patient remained unchanged with pain to the X. No X or objective examination was documented on the progress note from X. Physical examination stated the patient was X. The patient had X. The patient had X. The request is for X to be performed on the same day, which is not what the guidelines recommend. As such, the request for X is non-certified. The Official Disability Guidelines state X are limited to patients with X pain that is X and no more than two levels X. The patient should have had documentation of X. Guidelines recommend X. The use of X. X should not be performed in patients in whom X. From the documentation provided for review, the patient had X pain at X. The patient had X. The patient had X. The patient had X. There was no documentation that the patient had X. There is a request for X and this is not recommended by the Official Disability Guidelines. As such, the request for X are non-certified.”*

On X, Dr. X noted the patient had X pain rated at X and X pain rated at X. The patient was X. X appealed against the denial decision through IRO.

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

The patient suffered an injury on X. X has completed X as documented per the chart, medications including X and time. X has repeatedly complained of X pain in addition of X pain. X pain drawings X.

ODG criteria for X state: no X pain be present. The drawings clearly show a X as mentioned above. Thus, according to the ODG, the patient is not a candidate for X. Thus, the X are not certified as medically necessary.

In regards to the X request. The patient’s exam findings were documented on exam: X. X was positive on the X. The patient had X. The patient does meet the criteria for the X. As indicated by the examples below, the patient is a

candidate for X. In regards to X, the ODG states X should be avoided. X in regards to the procedure is a reasonable cause to X. Thus, X are certified as medically necessary per the ODG.

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**