

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 alleges injury on X, when X was X.

On X, the patient was seen by an unknown provider and diagnosed with X. A X of the X was recommended. (The document is a poorly scanned copy, only partly legible).

On X, the patient was seen by X, PA, for pain and X. The X exam showed X. The diagnoses were X. Possible X was considered. X use was continued. Pain medications were prescribed. Modified duty was continued. The X of the X was pending.

On X, the patient was seen by X in the follow-up. The patient experienced severe pain in the X. X was unable to X. The X had decreased. The X was continued. The patient was not able to X due to pain. The X exam showed X. The patient was referred to X.

On X, the patient was seen by X, PA, for continued X into the X with X. X had trouble X. The X exam showed X. The diagnoses were X of the X, other derangements of the X, X. X of the X, X were continued. X approval was pending.

On X, an **X of the X** revealed a X. The X was intact. X were preserved. X were intact. X were normal. X were preserved. No X was observed. A X was present.

On X, the patient was seen by X, M.D., for evaluation of X pain, X. The X exams showed X. The diagnoses were X. Dr. X reviewed the X. The study was limited due to poor quality. There was evidence of a X but otherwise, Dr. X could not access the integrity of the X. Dr. X recommended repeating a

good quality X to better assess the extent of the patient's injury. The plan included a follow-up after X.

On X, Utilization Review by X, M.D., indicated the request for repeat X of X was denied based on the following rationale: "Routine use of X for follow-up of asymptomatic patients following X is not recommended. In this case, repeat X was requested for good quality MRI to better assess the extent of the patient's injury. The patient's history and exam were concerning for X. However, the prior evaluation just before or after the first X was not provided to have a baseline for comparison in the change of symptoms. There was **no actual report of the X submitted for evaluation.** In addition, it is indicated in ODG that repeat X is recommended for X only to assess X; however, the patient did not undergo a X procedure for X. Exceptional factors could not be clearly identified to warrant this nonrecommended imaging. **The doctor stated the study was of poor-quality study. If so, this should be repeated by the X services at no charge to the carrier.** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified".

On X, the patient was notified about the denial by X.

On X, Utilization Review by X, M.D., indicated the request for repeat X of X was denied on the basis of following rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Guidelines indicated that repeat X is recommended for X only. In addition, **the reviewer in the previous determination noted that if the study is of poor quality, thus should be repeated by the X services at no charge to the carrier.** The prior non-certification is upheld."

On X, the patient was notified about the denial by X.

On X, an independent review organization (IRO) request was placed.

Medically Necessary

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**