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 an injury on X. X got X.
On X, the patient was seen by X, M.D., for the X." No description of a X is documented. The patient was seen in the emergency room and had undergone x-rays that showed some concerns about X. X was X. X complained of pain in the X.

The X exam showed X. The X x-rays showed a X. The X x-rays showed a X. The X. The diagnoses were X. The patient was X.

On X, the patient was seen by Dr. X for continued X. X was X to X in a X. X localized X point of maximum pain to the X. Overall X symptoms had improved. On exam, there was X. There was some X. There was X. The X. X was recommended. X would continue to progress X as tolerated in the X.

On X, a magnetic resonance imaging (MRI) of the X was performed at X. The study was compared with the plain films dated X. X was noted. There was X. X was X. X was X. X was X. The X was X. X was X. The X was X. There was X. The X were X. X was X. The impression revealed an X, otherwise X **MRI** of the X.

From X, through X, X saw the patient for X. Treatment to date had included X. The X exam showed X, X. The treatment included X.

On X, the patient was seen by X for a reevaluation of X. X had noted dramatic temporary relief and X longer-term relief with X first X. The X exam showed minimal X. X opined, "It sounds like the X is X primary pain generator" due to the "X."

Treatment options including X were discussed.

On X, X **performed X**. The postoperative diagnosis was X.

On X, X noted the patient was X. The X exam showed X. X was prescribed.

From X, through X, X noted the patient was using X. The medications included X.

From X, through X, the patient attended X. The treatment modalities included X.

On X, the patient was seen by X in a follow-up. The patient continued to use the X. The X exam showed X. X was recommended.

On X, X saw the patient for X. The X exam showed X. X and X were recommended.

On X, the patient was seen by X in a follow-up visit. The patient presented in X. X noted X. The X exam showed X. X was recommended.

On X, the patient was seen by X in a follow-up visit. The patient presented in X. X also noted some X. X continued to take X that helped with X symptoms.

The X exam identified: "X," X. X stated, "I am somewhat perplexed by X persistent X." An MRI of the X was recommended to rule out "X."

Per Utilization Review dated X, by X, M.D., the request for X MRI of the X was denied based on the 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. Per evidence-based guidelines, MRI is recommended for X, X. A request was made for MRI X; however, there X. Furthermore, there were no prior X presented before considering the request. X factors were not identified.*"

Per Reconsideration dated X, by X, M.D., the request for (X) MRI of the X was denied on the basis of the 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. In this*

case, the patient does have X. However, all the indications X. No X were supplied in this case. The request is thus not supported."

On X, X provided denial notification to the patient.

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

This claimant presented as a X with X. X-rays of the X and MRI of the X identified evidence of an" X. For persistent complaints of pain, Dr. X performed a X. X was identified at the time of surgery. Because of persistent X, X has recommended a X MRI to rule out "X."

The first reviewer did not have the office note from X, which is the most important note as it defines the indications for the requested MRI. The reviewer denied the MRI based on the X. X had dictated his note on X explaining his rationale (also the date of the MRI request), but it was not transcribed until X (the date of the utilization review request) and not signed until X (two days after the utilization review denial). It appears that the reviewer did not have the office note from X because it had not yet been submitted. Also, it is stated that "X and imaging results were not presented." With regards to X, substantial records exist from X documenting such including the X. Apart from X, the operative report is well documented. Multiple x-rays and a X MRI have been documented. Only a few of the total volume of available records were submitted to the reviewer. Thus, the first reviewer clearly did not have all the available documentation to formulate an appropriate opinion either way, be it for or against the recommended MRI.

The second reviewer had X office note but did not comment on the specific indications stated by X, despite reviewing the note requesting the procedure. The reviewer denied the MRI because "X were supplied in this case" and despite noting the claimant "does have X." The reviewer did not identify that the claimant had more than X, including and X. X were not included in the records reviewed, although they were commented upon in the notes provided by X for review. Thus, the second reviewer apparently wanted to personally review X that were available but not submitted. The X have been X (X). The

ODG criteria do not state X are essential. In fact, just the opposite intention is relevant—the issue regarding x-rays is that IF they are X, then MRI may be indicated.

Both reviewers appear to have formulated their opinions based on lack of relevant information, admittedly. However, the information the reviewers sought is clearly available, but for whatever reason was not provided to them. Neither reviewer had enough information, admittedly, to formulated opinions one way or the other. Thus, the denials were not properly formulated and should be overturned.

However, overturning the two previous reviewers' decisions does not, therefore, provide evidence that the request is medically reasonable and necessary per ODG. Although the two opinions were not formulated adequately, the facts of the case as presented herewith confirm that the X MRI is NOT medically indicated and should NOT be authorized.

Of note, the ODG states that "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or clinical findings suggestive of X." A better argument for denial, even without the additional records, would have been that X has not documented "significant change in symptoms and/or findings suggestive of X." Despite X opining that X. Had there been any evidence of X on the first MRI, then a better case could be made that an X may be the source of symptoms. However, the fact would still remain that the symptoms and clinical findings have not substantially worsened over time—the documentation reveals the X has improved, but is X.

☐ Medically Necessary

X Not Medically Necessary

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