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

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

On X, X CT of the X showed: At X, there was a X. There was X. There was X. There was X. At X was noted with X. Next at X, there was a X. There was X.

On X, X computerized tomography (CT) of the X at X showed X. There was a X. At X, there appeared to be a X. There was X.

On X, X from X was X and X.

On X, the patient was seen by X, M.D., with X. X also complained of X. The X more than X completely helped with X. X had a history of X. On exam, X degrees, X degrees, X degrees and X degrees. The X was X. The X in the X was X. There was X. X test was X. X test and X sign were X. X sign was X. The X, X performed at X on X, provided relief of X. The diagnoses were X. X and X were prescribed. The plan was to follow-up with Dr. X for X and X. The patient would benefit from X.

On X, the patient was seen by Dr. X with continued X. X and X were continued. CT X, with X were ordered. The plan was to follow-up with Dr. X for X.

On X, the patient was evaluated by X, M.D., for complaints of X. X was being managed with X. X had X. X had X in the past which have helped include X which have given near resolution of pain several years prior. The pain was X. The pain level was X. X continued to have pain X. On exam, X test was X. CT X was reviewed with showed X. X and X. The diagnoses were X. The recommendation was to X.

On X, the patient was evaluated by X, D.O., for complaint of X. There was evidence of X. The patient did have X. Dr. X had reviewed CT X. The X exam revealed X. The X were X. The diagnoses were X. The plan was to proceed with a X.

Per Utilization Review dated X, by X, M.D., the request for X was denied on the basis of the following rationale: *“Based on the clinical information provided, the request for X was not recommended as medically necessary. There were X. The submitted X. There was X. There was no specific information provided X. Therefore, medical necessity was not established in accordance with current evidence-based guidelines.”*

Per Utilization Review dated X, by X, M.D., the request for X was denied on the basis of the following rationale: *“Based on the clinical information provided, the request for X is not recommended as medically necessary. The CT scan submitted for X. There are X. There is X. The patient's physical examination X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.”*

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

The diagnoses as indicated above from Dr.X, X note, were X. According to the available records X. The patient is noted to have a X.

Thus, there is X. Therefore, ODG indications for X are not met. It is not medically necessary and 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:  
X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**