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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO
REVIEWED THE DECISION:**

X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous
adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether
medical necessity exists for **each** of the health care services in
dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X, when X was X and X.

On X, a X was performed at X M.D. The indication of the study was a X. The
study revealed: 1) X. 2) X with X. 3) X or X.

On X, the patient was evaluated by X, M.D., for a X. X reported that while X and X. Since that time, X has had pain in X. The X in X. X had been X. X did X. X also had an X and X. History was notable for X. Examination of the X and X. There was X and X. This was the X and X. X caused X. In-office x-rays of X. There were X. The X were X. The X were the pain of the X. Dr. X noted that the injury and X fell outside ODG guidelines with regards to X. The treatment plan included X with X. Recommended appealing to the X. In the X, the patient would X.

On X, Dr. X submitted a utilization request for X. The requested treatment was X.

Per Utilization Review dated X, by X, M.D., the request for X was denied. The current request was for X with X. Rationale: *“Per evidence-based guidelines, X for X is recommended for X. X is indicated after the X. In this case, the patient X. Since that time, X had X. There was that of X. This was the X. This was X. X caused X. A request for X was made. However, there were X in the X, to the X. Also, X is only recommended after X. Given the X.* On X, the patient was seen in a follow-up by Dr. X. X continued to have X. X was denied on the X. The reviewer noted that X was X. As described, the MRI scan did X. The X was X. This X of X diagnosis. Furthermore, the patient had X. X had X. X had X. X had also X. There was X. This was the area of X. X caused X. In-office x-rays of the X. There were X. The X were X. The diagnoses were X. Recommended X. The plan was to again appeal to the X. Dr. X that if the X. In the X, the patient would continue with X.

On X, Dr. X submitted a utilization request for X. The requested treatment was X.

Per Reconsideration dated X, M.D., the request for X was non-certified on the basis of the following rationale: *“Per evidence-based guidelines, X is recommended for X. X is X in X. In this case, continued to have X. X was denied on the basis that further X was in order X. Per the provider, to suggest an X. An appeal request was made for X. However, given the date of injury, the records X. Per ODG, X. X of the time, but when they X. The request remained unsupported as clinical documentation still X the necessity*

of the request.”

On X, the patient was seen in a follow-up by Dr. X. X continued to have X. X was again denied based on the fact that they X. As previously noted, X MRI scans showed X. This would satisfy the ODG guidelines regarding X. X had X. The last reviewer mentioned these things as X. They had already been X as noted. Examination of the X. There was X and X. This was the area of X. X caused X. The diagnoses were medial X. Dr. X recommended that an IRO would agree with an X. X had also X ODG guidelines for the reasons mentioned. In the X, the patient would X.

Per a Notice of IRO dated X, the patient requested an independent review by an IRO.

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

The claimant sustained an X. The X. The other conditions are X. Symptoms from an X. The MRI showed X. Dr. X documented the claimant X. Dr. X stated the MRI showed X, but the X. Dr. X did not comment on the most X.

The X did not comment on the more medically probable diagnosis. The reviewers cited that X was not indicated primarily because ODG recommends X. This appears correct (based on the diagnosis that is likely incorrect).

Thus, the decision to not approve the requested X submitted by Dr. X. Likewise, the denial is X to the most medically probably diagnosis (MRI-confirmed X which has X by Dr. X.

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