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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 who X, while X. The patient was X.

X

On X, the patient was seen at X. The patient reported X. X reported X. The X was X. It was documented that the patient had X. The treatment diagnosis was a X. The X noted that the patient was X. X did have X. The patient was recommended to X.

On X, D.O., submitted a pre-authorization request for X. The planned X were

X.

On X, the patient was evaluated by Dr. X. The patient reported X. The X. X had a X. The X included X. The pain was X. The X was X. X was X. X was X and X. X noted that the condition of X was X. X continued to have X. On exam, the X. Examination of the X. X-rays of the X revealed a X. The diagnoses were X. The plan was to X. If the patient X. X was X.

Per a Peer Review Report dated X, by X, M.D., the request for X was noncertified. Rationale: "Per ODG X "Recommended as indicated below. As with any X if there is X should be modified or re-evaluated. ODG X guidelines: X. Per ODG X, and is necessary for X. X is X Recommended. See also X. Per ODG X- online X, "Recommended as an X, where available, as an X. X, so it is specifically recommended where X. The last: X note documents X. The X. The ODG guidelines for an X are X and X. However, the injured worker X and X. With these considerations, the following is recommended: X is appropriate. X, each X. X of X is appropriate, X is appropriate, as the X is appropriate. However, X does not meet the criteria of ODG as the X. However, as this is a X without: a successful peer to peer conversation, the request for X is non-certified".

On X submitted a pre-authorization request for X. The planned modalities were X.

On X, a Peer Review Report by X M.D. was documented. The patient sustained an injury to X. X had an X done in X. X was X. X had X was recommended. X was evaluated by Dr. X. X was attending X and there was X. X had X. X had X. X attended X. X could do X the X. X continued to have X. X was recommended and X had X. Based on the review, the request for X was deemed not medically necessary based on the following rationale: "This is non-authorized. The requested X is not medically necessary. The history and documentation do not objectively support the request for an X. The ODG, X guidelines X. X has X. The injured worker has X. There is X clinical information that warrants the X. There is X evidence that the injured worker is X. The medical necessity of this therapy has not clearly been demonstrated".

Per the Utilization Review dated X was non-certified based. The dates of service requested were X. Rationale: "Non-Authorization, given for X per Peer Review GUIDELINE/RATIONALE: The history and documentation do not objectively support the request for an X. The ODG X support up to X. X has not been described. The X had at X. There is no clinical information that X. There is no evidence that the X. The medical necessity of this X has X. X guidelines.

On X, correspondence from X documented that a request was received for X of an adverse utilization review determination related to the patient. The requested service was X.

On X a Peer Review Report by X, M.D., documented that the request for X was deemed not medically necessary based on the following rationale: "This is non-authorized. The requested X is not medically necessary. The ODG recommends up to X. The ODG states X is not appropriate for X. The ODG does not recommend X. The provided documentation indicates the injured worker is X. They have X, but there is X. It is documented that there is a X. There is X. Per an X, the new determination was for X.

Per Utilization Review dated X for the dates of service X, through X, had been reviewed by a X to review this treatment/service request and had rendered a modification decision. The provider agreed upon the modified treatment plan had been approved as stated. Rationale: "Partial Pre-Authorization given for X. The ODG recommends up to X. The ODG states X. require an X. The ODG does not recommend X. The provided documentation indicates the injured worker is X. They have X, but there is some X. It is documented that there is a X. There is X, which the injured worker should X. X contact established. On X called and reported the injured worker had X followed by X. X indicated the X. X noted that the X are required. As the provided clinical documentation indicated there was an X. The provider was X. Therefore, the new determination is for X. X called the office of the attending provider on X to notify Dr. X of the determination. A message with the determination was X.

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

This claimant has X, as detailed above. The treating providers have not demonstrated a X. The claimant's X. The two peer reviewers appear to have formulated their opinions (adverse determinations) correctly, based on TDI-approved evidence-based criteria as described. Only a X is indicated.

- 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**