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**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH  
PHYSICIAN OR OTX 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 when X  
**medical necessity exists** for **each** of the health care services in  
dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X when a X.

On X, a X, M.D. The study was performed for X. The study showed: X. 2) X.  
3) X.

On X, an MRI of the X, M.D. The study was performed for X. It showed: 1)  
X. 2) X at X. 3) X were noted. At X and X were noted.

On X, the patient was seen by X M.D., for follow up on X. The patient X. The symptoms have X. The patient had X. The patient had X. X was pending. On exam, the X. The X and X. The diagnoses were X. X was X. X needed to be X.

On X, the patient was seen by X D.O., for X. On exam, the X. The X. The X. The X. The patient had X. The X was X. The diagnoses were X.

On X completed a X.

Per Utilization Review by X, M.D., dated X, the request for X was denied on the basis of following rationale: *“The injured worker sustained an injury on X. The injured worker was diagnosed with a X. Per ODG, X must be well documented, along with objective X. X must be X. A request for a X.”* In this case, X. The are no documented extenuating circumstances to support an exception to the guidelines. X is not shown to be medically necessary. Cited guideline: X

On X, about the denial.

On X stated “The peer doctor X educated. Well, may I correct the physician, it is not even the X itself, it is the X. That can X. It has nothing to do with the X. The X. The X to X. It is the X which X. Furthermore, the doctor X. We X to have a X. We want to have a X. X is X. As a result, I am going to have to X. We are trying to X. X is X. I did go over X MRI once again. X has X. The patient continues to have X. As a result, we are going to recommend, X.

On X, a request for reconsideration of adverse determination was placed by Dr. X.

On X Dr. X was acknowledged about the receipt of a request for reconsideration (appeal) of an adverse utilization review determination.

On X, the appeal was upheld by X, M.D., on the basis of following rationale: *“The injured worker is a X. The injured worker was diagnosed with X. Per the guidelines, X are recommended on a case-by-case basis as a short-term treatment for X. X at a X are the only recommended approach. X is only*

*recommended for X. Per the documentation, the injured X. There is no X. The physical examination from X. It was noted that the X. Prior treatment included X. The X. In this case, X. As such the X is not medically necessary. Cite guideline: ODG X."*

On X, notified the denial to Dr. X.

On X stated "X is X. Unfortunately, the peer physician, X. Specifically, patients are due under the Texas Labor Code, may be the doctor is not familiar with the Texas Labor Code, treatment which X. The patient specifically stated X. As outlined on X. X is X. It is X. X continues to have X. I do not know what all the confusion is. It is actually quite clear and rudimentary for interventional X specialists to use this technique, which X. As a result, we are having to resubmit and unfortunately the peer doctor who denied this care did not even, offer any alternative treatments. That is because this is a standardized treatment regimen. This is the level to pursue treatment before surgical intervention. Certainly, more X. As a result of this denial, we are going to have to resubmit for this standardized treatment regimen. That is once again a X approach at X. X the X. That is not the say that the X. We are going to X. X uses X. Once again, X has X. Furthermore, X has X. I will arrange for this pending insurance authorization. Any further delays will lead to more X. X was X. X shows X. X was X."

Per Notice to X, LLC of Case Assignment dated X, issuing the determination meeting the deadline in the referred IRO case number was documented.

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

*I partially agree with X, M.D in regard to X statement in X denial, "The X. Prior treatment included X. The magnetic resonance imaging (MRI) of the X. In this case, there is evidence of X."*

However, the X. There is evidence of a X. The X is the X which is within the Official Disability Guidelines. The patient was noted to have X. However, X is

not recommended. The patient also X. The ODG criteria as listed below are thus met. It is certified reasonable and medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTX CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**