

CALIGRA MANAGEMENT, LLC
344 CANYON LAKE
GORDON, TX 76453
817-726-3015 (phone)
888-501-0299 (fax)

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.

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X when X was X. The patient injured X. No X was reported.

On X, the patient was seen by X, M.D., for a X as well as X. The patient had been X. X was X. X was X. X was X. On exam, the X. The X and X. There was X. The patient was X. There was X. X was able to X. X-rays of the X. X-rays of the X. The X was X, confirmed by x-ray. X-rays of the X. X-rays of the X. X-rays of the X. X-rays of the X. There was an X. The diagnoses

were X. The patient was X. The plan was to do X.

On X, the patient was seen by Dr. X. The patient continued to have X and X. On exam, the patient did X. X did have X. X had X. X-rays showed the X. A X was also noted. The plan was to X.

On X, an MRI of the X, interpreted by X M.D., showed: 1) X. 2) X of the X and X. 3) X with a X. 4) A X. No X. 5) A X of the X.

On X, the patient was seen by X., M.D., for the X and X. The X. It was X. X had been X. X had been in a X. The MRI of the X was reviewed. On exam, the X and X and X. The X. X was X. All of this was X. X-rays of the X. There was X. The X was X. The plan was to X.

On X, an order from X Associates indicated the patient was recommended X.

On X, the patient was seen at X for an X. The patient reported having X. Since the procedure, X had an X, however, X. X for X was recommended. From X, through X, the patient attended about X. On X, the patient reported X. Upon assessment X, were noted. On X, it was noted that the patient continued to X. On X, it was noted that the patient's X. X required X. X continued to have X. X had X. Continuation of X was recommended. On X, the patient X. Continuation of X was recommended.

On X, the patient was seen by X for a X. The patient was X. X had X. X had some X. X had X. X continued to X. X any X. Examination of the X. There were X. There was X. The diagnosis was X. The plan included ROM X.

On X, the patient was seen by Dr. X for the X. Despite X, the patient continued to have X. X was X but continued to have X. On exam, X. There was a X. The diagnosis was X. X was X. The plan included a X and referral to Dr. X.

On X, the patient was seen by Dr. X for the X. X was X. X reported that X. X did not X. The examination of the X. The patient X. X had X to X. X had X. X had X. X-rays of the X. The diagnoses were X. A X. Dr. X believed that the patient was a candidate for X.

On X, a X was performed at X, M.D. The study showed: 1) There was X. The X. X of the X. 2) X

On X, the patient was seen by Dr. X for the X. X reported X and had X. The X was X. The assessment was X and X in the X. Referral to Dr. X was provided for X. An X and X were recommended

On X, the patient was seen by X, M.D. for the X and X. The patient had a X. Since then, the patient had X, confirmed by x-rays. Examination of the X and X. There was X. The X with X. The patient was X. X-rays of the X. X were reviewed and showed a X. The assessment was a X. A X in a X was recommended. Dr. X the X the patient to a X. Therefore, a more X.

On X, an X of the X was performed by X, M.D., due to X and X. Examination showed X. X was X. The X in the X. The study showed: 1) The X revealed X. 2) There was X of any X. Dr. X that X. The X to be X. The X and X were both also X. The patient appeared to be a good candidate for X.

On X, Dr. X ordered the X.

Per utilization review dated X, the request for X was denied by X M.D., on the basis of the following rationale: *“Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is non-certified. Per evidence-based guidelines, X is indicated for patients with X. In this case, the patient presented for X and X. Upon examination of the X had X and X. X had pain X. X demonstrated X. X was X. A request for X was made. However, there was X if the X, and X. Furthermore, the patient's X. The guideline states that X should be IX. Therefore, based upon the provided documentation, the request is not currently supported.”* Criteria used for denial was: Official Disability Guideline Treatment Index, X Online Edition, X.

Per a Reconsideration dated X, the request for X was upheld by X, M.D., on the basis of 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. The previous review did not certify this request stating that there was no clear evidence that there was X.*

Progress notes on X. This claimant also has X. The official disability guidelines do not support a X. No documented X. Considering this X regarding previous X this request is not medically necessary.” Criteria used for denial was: Official Disability Guideline Treatment Index, X Online Edition, X.

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

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

The X is just about X that underwent X. A subsequent MRI confirmed evidence of the X. The claimant suffered X. There is X in the records that X. In any event, X. The claimant reports X.

The previous preauthorization reviewers used ODG criteria for X

The only X that does not appear to have been met is:

- X

In this case, there may be X however, it remains an X.

The request for a X.

A X does not have X but aside from doing X. High demand use of the 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