

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

Notice of Independent Review Decision

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X, when X was X. X went to X.

On X, a X of the X was performed at X. The indication of the study was X
and X. The study revealed: X. There was a X and to a X.

On X, a X was performed at X. The study revealed: No evidence of X There

was X.

On X, the patient was evaluated by X, D.O., for complaints of X. X reported X pain with X. X had to X. X reported having moments where X. X had X. X had been X. X reported X to X. X and X helped with X at the X. History was notable for X. On examination, the patient had X and when X. X had pain with X. There was X on exam in the X. X reported pain with X or X. X of the X was reviewed. The assessment was X, X. X was prescribed. X and X were continued. The patient was referred to a X for evaluation. X referral was provided. The patient was maintained on X.

On X, the patient was evaluated by X, M.D., for X. Reportedly, X was injured at X, when X was X. X was X. Since the time of injury, X had ongoing X. The current X was X. The pain was X, X or X. Nothing helped X. X had been X. X had X. X had been taking X, X and X. On examination, X FINDINGS WERE DOCUMENTED: the patient X. X had X and X. X of the X was reviewed. In-office X of the X were performed. The diagnoses were X and X. X were recommended. A X of the X was ordered X. X were maintained.

On X, Dr. X submitted a Request for Reconsideration. A pre-authorization request for X was submitted.

Per a Utilization Review dated X, from X, the request for X of the X was denied. The request was non-certified based on the following rationale: *“Per Official Disability Guidelines, X, “Recommended as indicated below. Not recommended for patients with X. Early X. The provided documentation indicates the patient has X months out from injury despite treatment that has included X, and X. There are no reported X findings, but a X reportedly showed X with a X that seems to result in some X. The provider has recommended an X given the ongoing symptoms despite X. There was no indication if the patient is a candidate for X or X. In addition, the physical examination does not X. Therefore, based on the available information, the request is not medically necessary and is not certified.”* Criteria/Treatment Guidelines utilized: ODG Official Disability Guidelines/X, Online Version, (updated X, Online Version, X.

Per an Initial Review dated X, by X, M.D., the request for X was not certified. Rationale: *“Per Official Disability Guidelines, X, “Recommended as indicated below. Not recommended for patients with X. Early X imaging including X including X. There are no reported X findings, but a X reportedly showed X. The provider has recommended an X given the ongoing symptoms despite X treatment. There was no indication if the patient is a candidate for X. In addition, the X does not show any X. Therefore, based on the available information, the request is not medically necessary and is not certified.”* Criteria used: Official Disability Guidelines, X.

On X, a Notice of Reconsideration (Appeal) Outcome-Adverse Determination from MedInsights documented that the request for X was upheld. Rationale: *“The provider has not provided any new clinical findings or compelling information to justify overturning the prior non-certification. There is insufficient evidence of the presence of X; there was no documentation of X, X, X. Guidelines support the use of X when there is evidence of X. The provider has not provided any compelling information to justify this request and deviate from guideline recommendations. The available documents do not demonstrate the presence of X or X to justify this request. The provider has not indicated what actionable steps may occur secondary to the completion of this study. As such, its medical necessity is not known or understood. The available documents do not indicate the claimant is a candidate for X that would require advanced imaging to better assess the X. Therefore, based on the lack of guideline support and lack of sufficient documentation to support this request, the appeal request for X is recommended non-certified.”* Criteria/Treatment Guideline Utilized: ODG; ODG X.

Per a Peer Clinical Review Report dated X, by X, M.D., the request for X was non-certified based on the following rationale: *“The provider has not provided any new clinical findings or compelling information to justify overturning the prior non-certification. There is insufficient evidence of the presence of X; there was no documentation of X, X, X or X. Guidelines support the use of X when there is evidence of X. The provider has not provided any compelling information to justify this request and deviate from guideline recommendations. The available documents do not demonstrate the presence of X or X to justify this request. The provider has not indicated what*

actionable steps may occur secondary to the completion of this study. As such, its medical necessity is not known or understood. The available documents do not indicate the claimant is a candidate for X or is considering an X that would require X to better assess the X. Therefore, based on the lack of guideline support and lack of sufficient documentation to support this request, the appeal request for X is recommended non-certified.” Guideline/ Reference and Relevant Citation: ODG X.

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

The X of, according to Dr. X “in X.” X. This type of X does not represent a X or X. The X obtained by Dr. X were not commented upon. The X did not reveal evidence of any X. Dr. X noted X. Dr. X did not identify any X on examination. Dr. X did not discuss why obtaining the X was important and how X results would affect the treatment plan that, by all represented accounts, appears to be conservative in future direction. The previous reviewers reflect on these points in various ways and discuss and apply the ODG X criteria appropriately. The denials of the X appear to have been 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