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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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

## **X CLINICAL HISTORY [SUMMARY]:**

The X is X who was injured on X. X to X when X.

On X, a X was performed at X. The indication of the study was X. The study revealed: X and X. The X were X. There was X and X. 2) X. The X. 3) X at the X and at the X. 4) X was X.

On X, the X was evaluated by X, M.D., for X. X to X when X. X was X and was X. X X and was told that X had X. X was X. Examination of the X. X was X. There was X at the X. The X was X. The X were X. There was X, but the X was X. X was X. X was X and there were X. X of the X. The X was X. X the X. The X was X.

On X, the X was seen in a X by Dr. X. X had X but X. X also X. X had X and was X. On X on X. There was some X. There was X and X. There was X. X was X and X. There was X. There was X. The diagnoses were X. Treatment recommendations included X and X. The plan was to X. The X was X.

Per a Letter dated X, from X, the X was X and X.

Per a X, by Dr. X, the X was referred for X.

On X, the X was seen at X and X. It was documented that the X had X. X was X. The X were X. The plan was to X.

On X, a Request for approval from X was submitted for X.

On X, Dr. X noted the X. X had been X. X as X. X had X. X also X. At X was recommended X, as X was X. Apparently, the X was denied by X. X was X and had a X. On examination of the X. There was X. There was X. X was X. X was X. There was X. A

referral to X Dr.X, was provided. Treatment recommendations included X. The X was X.

On X, the X was evaluated by X, M.D., for X with a X. The X was following a X. X was X and X. The pain was X. X had X. The X was X. X noted that the X.

A X.

The assessment was X. A X was ordered for X. Recommended X.

Per a Pre-authorization Request dated X, from X, a request for X. The service was to be performed at X.

On X, an Adverse Determination from X was documented. The determination was completed by X, M.D. The X had reviewed the information received regarding this X. X to the X and X as requested by X, M.D. with X. Rationale: "*Per the Official Disability Guidelines X is not recommended for X. The X reported X. The X. There was X and X. However, X. As such the request for X to the X is not medically necessary.*" Supporting criteria used for this review: The decision was based X. Official Disability Guidelines (ODG) and X.

On X, the X was seen by Dr. X for X. X was X and X. The X. The X and at X. Reportedly, the X was X. On exam, there were X. The X. Treatment recommendation included a X.

Per a Pre-authorization Request dated X, from X, a request for X was submitted. The X was to be X.

On X requested to approve the X. The X was a X and X had X as X was X. X was X. X and the X. Dr. X was X. If X got denied then the X.

On X, an Appeal Determination Denial from X was documented. The determination was completed by X, M.D. The X as the utilization review agent on behalf of X had reviewed the appeal of denied services based on the information received regarding this X. The request for X as requested by Dr. X was denied. Rationale: "The Official Disability Guidelines state that a X is recommended for X. The X also X. The X had a X. There was X. There was also a X. The guidelines also do not recommend the X. Given the above, the request: for X is non-certified." Supporting criteria used for this review: The decision was based on X. ODG and Clinical Judgment/Accepted Practices.

On X, a X was performed by X, LPC/X, Ph.D. The X was referred for a X by Dr. X, who requested X. This included the X. The information gathered for this evaluation was provided by the X, referring X. The diagnosis was X. It was X. X reported X. The X. The X would X. It would X. X should be X. The X was X. The X consisted of but was X. These X would X.

On X, and X, the X was X.

On X, a X was documented. X: The X was the denial of X as requested by Dr. X with X. In response to the request for X with Adverse Determination Denial, on X, the X stated: "Deny: Per the Official Disability Guidelines X is not recommended for X. The X reported X. The X with an X. There was X and X. However, X was not supported by the guidelines X. As such, the request for X is not medically necessary." Additional Comments: The X attempted a peer-to-peer conversation with Dr. X on X and X. Call

back information and due date were provided. Supporting Criteria Used For This Review: The decision was based on X. ODG. In response to a request for X as requested by Dr. X with X stated: "Deny: The Official Disability Guidelines state that a X. The X. The X also X. The X had a X. There was X. There was also a X. The guidelines also do not recommend the X. Given the above, the request for X is not certified". Additional Comments: The X. Call back information and due date were provided. Supporting Criteria Used for This Review: The decision was based on X. ODG. X as requested by Dr. X with X was not medically reasonable and necessary for the X. Review of medical notes indicated that the X. According to documentation, X. X included the X. X was reported X. X with a X. and X. A X, on X was X by Dr. X, where X was diagnosed with a X. Treatment included X, which reported X. X included a X and X. It was also noted that on X, a X as requested by Dr. X was X. As noted by the X during the X. The X were X. A X, and the X. X at the X. There were also X. On X, per progress notes issued by Dr. X, the X reported X. Previous X included X. According to the Treatment Guidelines, the X. According to the ODG, a X was recommended for X and X. As mentioned above by the X. There was also a X. With the X, the X was reported with X. X notes were not submitted for review. Unfortunately, Dr. X was X. Therefore, based on the reviewed documentation, the medical necessity for the X.

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

The X DENIAL of the requested X. Thus, the DENIAL should be UPHELD.

The X, Dr. X denied the request based on the X. ODG X, as discussed by Dr. X.

The X, Dr. X, denied the request based on the X necessary to establish the X Dr. X clinic notes that X. Therefore, Dr. X did not use the X, but X of X, to X. Although X. X must first be present and documented, per the criteria of ODG and related sources. X, alone, is X. As discussed by Dr. X and X. The X is 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**

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**