

**CALIGRA MANAGEMENT, LLC
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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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The X who was X, when X was X. X and the X.

On X, the X, M.D., for X. The X had X. The X was X. There was X. X also had X. On exam, the X and X. The X was X. The X and X. The X. X was X. X and X. X was X. The X. X of the X. X was X. X was X.

On X of the X were X, M.D. & X. The X of the X. There was X. There were X. There was X. There was X.

On X of the X were X, M.D. & X. The X.

On X, the X was seen by Dr. X for X. The X included X. There was X. On X and X. The X was X. The X of the X. The X. The diagnosis was X. X was X. X was X.

From X through X, the X for X. The X included X. On X reported X. On X and X, the X with X. X would X. On X presented with X. The X was X. X would X.

On X, the X was seen by Dr. X. The X. X was X. X was X. X was X. The plan was to X. X was X.

On X, the patient was seen by Dr. X. The X continued to X. The X were X. On exam, the X. The X was X. The X over the X and X. The X. A X. A X of the X. X to X. A X was recommended. The X was to X.

On X, a peer review by X, M.D., indicated the request for a X was not medically necessary.

Per Utilization Review dated X, the request for a X was denied on the basis of following X: *“After reviewing the notes that were provided, the X. The provided notes show that X. There was X. On X, there was X. The X. There was X. X of the X. The X has X. There is X. As such, the request does not meet the criteria. Therefore, the request for a X is not shown to be medically necessary. REFERENCES UTILIZED IN DECISION: Official Disability Guidelines.”*

On X, the X by Dr. X. The X was X. There was X. The X. There was X. The X were X. The X. The X of the X.

On X from X indicated the X. X had noted X. X was X. X would X. X was X. X was recommended to X. X was X.

On X, the X was seen by Dr. X. The X was X. X rated a X. On exam, the X. The X. The X was X. The X over the X. The X. A X was X. The X. The plan was to X. X with X.

Per correspondence dated X from X Dr. X notified about the X. The reconsideration request receipt date was X.

On X, the X was seen by Dr. X. The X. X had been X. X had X. The pain X. The X. There was X. X had X. On X, the X. The X. The X. The X. X on the X. The X. X and X. X was X. An X was ordered to X. Continuation of X was recommended.

Per Reconsideration dated X, the request for X was upheld on the basis of following rationale: *“The X who sustained an X. There was a X wherein the reviewer non-certified. The X. The X. In this case, this X. Therefore, the request for a X is not shown to be medically necessary. REFERENCES UTILIZED IN DECISION: Official Disability Guidelines.”*

On X, a peer review by X, M.D., indicated the request for a X was not medically necessary.

Per correspondence dated X.

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

The provided documentation supports the medical necessity of the requested X. The X has X. X notes document X. The X. X of the X. X is medically necessary, appropriate, and X. Therefore, the recommendation would be for approval of the request.

- Medically Necessary
- Not Medically Necessary

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

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