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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 working for X. X was performing X at X when X was X. X sustained injuries to X.

On X, the patient was seen at the X by X, D.C., for a X. The patient qualified at a X.

On X, the patient was seen by X, MA, LPC-S, for a X. The patient stated that X sustained a X on X, while X as a X and X at X. X was X. As a result of the X, X sustained injuries to X. Per doctor's note, "Patient reports as X, X was X. The X and caused a X. X reported the injury to X and the X was X. X attempted to continue X; however, the X. X was currently seeing Dr. X, D.C., for treatment at the X and had X and X, X, X and X. At present, X complained of pain in X and X. The pain was described as X, X, X. The X in X. X included X and X, and other X and X. X reported X due to X and X. The patient reported that X and X than they have ever been. X was X once was X. X had always been a X; however, X now found X any X. X reported X and X due to X pain and X. X reported X and X, which were X. X was having X since that X, X and X. X experienced symptoms of X. X was under X and had many X. X was X more X and becoming X. X had X as possible, however, X was having difficulty X and X relating to X. X reported that X experience of X and X had created X. Without X, these X would continue. On X, the patient seemed X. X was X and X. X and X. X to be within X. X affect seemed X. X seemed to have X and X. The diagnoses were X and X, X and X. The assessment indicated the patient had developed X and X in response to X and the X. These symptoms appeared to be clinically significant in that they were currently X, X, and X. X connected to X, X, X, and X had X and were X and X. It was advised that the treating physician continue with X and assist the patient with X. X was recommended in order to X. The patient should be re-evaluated for X, X.

On X, the patient was evaluated by X, D.C., for a re-examination. Reportedly, X sustained an X on X. X was injured while performing X at X. As X, X was X. The X and caused a X. X reported the injury to X and the X was X. X attempted to continue working; however, the X, X. At present, X complained of X at the X. X of the X and X revealed X. X continued to report some X. X and X the X. X had determined X current X was X that required for a X return to X. A X had determined X was a candidate for X. They were awaiting

approval. X continued to be X at X. The history was X. Examination revealed X and X were X. Examination of the X and X revealed X. X of the X noted X. X was X on the X. X of X was X. X was X with X and X and X with X and X. X was X with X and X. X and X. The diagnosis was a X. The X was X. Treatment recommendations included X to improve X to that required for a X, continue care with Dr. X for X and follow-up in X. The patient was placed on X.

On X, a X was performed by X, D.C. The patient was seen for an X. The X was X and X. The patient had a X done on X, with X, D.C. Dr. X that the patient was at X on X, which was the date the patient completed X. Dr. X that the patient X as of X, and was X. Dr. X disagreed with the X and X date assigned by Dr. X. The patient continued to have a significant X. X had decreased X, X, and a X. The patient was currently X that was X. Further X was still X at this time. Therefore, the X date of X, was X. Dr. X that the patient had X. The anticipated date of X was X. X was assigned as the patient was X.

Per an Initial Adverse Determination dated X, from X, the request for X was not certified. Rationale: *"Per the Official Disability Guidelines (ODG), Recommended as an option, depending on the availability of quality programs, using the criteria below. Previous X: There is evidence supporting treatment with an X, with X, X of likely benefit from the continuation of previous treatment."* In this case, the patient has X. X are X, and X and X are on the X. There is no discussion of X or any complications related to X. As such, the requested X is not medically necessary and is not certified." Criteria/Treatment Guidelines utilized: ODG Official Disability Guidelines, X, X, X Official Disability Guidelines, X, Online Version X, X.

Per a Utilization Review dated X, by X, D.C., the request for X was denied based on the following rationale: *"Per the Official Disability Guidelines (ODG), Recommended as an X, depending on the availability of quality programs, using the criteria below. Previous X: There is evidence supporting treatment with an X, with improvement followed by X, without evidence of likely benefit from the X."* In this case, the patient has X. X are X, and X and X are on the X. There is X or any complications related to X. As such, the requested X is not medically necessary and is not certified." Clinical Guideline: Official Disability Guidelines, X.

Per a Notice of Reconsideration (Appeal) Outcome-Adverse Determination dated X, from X, the requested service of X was denied. The rationale for denial: *“After reviewing the medical documentation and talking with Dr. X, the patient has received treatment from their clinic since X. The X on X, from Dr. X, resulted in some X, but per Dr. X, the patient has had X in X. The clinical note by Dr. X explains that the patient has X. A reported X of the X and X. (No date of the X or report submitted for review). The patient reports X. Pain is X. The patient continues to X. X is X on the X. X is X. X was X. This request for a X was submitted with no MRI report of the X. The criteria of the X is to have evidence supporting treatment with an X, with X. Therefore, X recommending non-certifying this request for APPEAL: X. Criteria Treatment Guideline Utilized: ODG; ODG by X.*

On X, a Peer Clinical Review Report was completed by X, D.C. The requested service for the X was non-certified. Rationale: *“After reviewing the medical documentation and talking with Dr. X, the patient has received treatment from their clinic since X. The X on X, from Dr. X, resulted in some X, but per Dr. X, the patient has had continued pain in X. The clinical note by Dr. X explains that the patient has X at the X. A reported X of the X. (No date of the MRI report or report submitted for review). The patient reports X. Pain is X. The patient continues to X. X on the X. X is X in all X. X was completed at X. This request for a X was submitted with no MRI report of the X. The criteria of the X is to have evidence supporting treatment with an X. Therefore, I am recommending non-certifying this request for APPEAL: X.*

On X, the patient was evaluated by X, D.C., for complaints of X. X of the X. X continued to X. X and X the X. X current X was X that required for a X. A X determined X was a X. X was denied by the carrier but would request a reconsideration. X continued to be X. The X also had recommended a X and X. Examination revealed X. Examination of the X and X. X of the X. X was X. X was X. X with X and X was X. X was X and X. X and X were X. The diagnosis was a X. The compensable diagnosis was X. Treatment recommendations included X with Dr. X for X and follow-up in X. Dr. X requested reconsideration following denial of X to that required for a X, pending IRO. X was X.

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

Medical records indicate an injury to the X on X with a diagnosis of X. Individual is X and X. Recent medical records do not indicate current X. In addition, the claimant was found to be at X on X with X. X and additional treatment X should not be necessary.

Per ODG *“The criteria of the X is to have evidence supporting treatment with an X, with improvement followed by a X of likely benefitting from the continuation of previous treatment”*. There is no evidence in the medical records to support the need for a X like X. Therefore, based on the records and ODG the request for an X is non certified.

X Not Medically Necessary

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