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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 X.

On X, a X of the X was performed at X & X and interpreted by X, M.D. The clinical indication of the study was X. The study revealed: 1) X. 2) X.

On X, the patient was seen by X, PA, for X status X. The patient's condition was X and the pain was X. The quality of pain was described as X and X. The X revealed the X. The X was X. X of the X revealed X and X. The treatment plan included referral to X, continue to monitor for X and X.

On X, the patient was seen by X for X on X pain. On exam, the X. The plan included X and continue to monitor for X.

On X, the patient was seen by X for a X on X pain. The pain was X. On exam, the X and X. The plan included X and follow-up in X.

On X, the patient was seen at X with the medical diagnosis of other injury of X. The patient had X. X reported X at best and X. The plan was to attend X, with the treatment modalities to include X. The plan of care was intended to X.

On X, the patient was seen by X for a X on X pain. The pain was X. On exam, the X was X. It was noted that the X. The plan was to continue X and X.

On X, the patient was seen at X. The patient reported being X and rated X. There was X. The treatment interventions included X. The patient was X. X was able to perform X. X was recommended to X. The plan was to continue X.

Per a X pre-authorization request form dated X, from X, a request for X was made. It was noted the patient has X to date.

On X, the patient was seen by X, M.D., for X. X continued to have X. X stated that overall the symptoms have X. X has X. The X revealed X. X of

the X were X. The diagnosis was other injury of X. The plan was to continue X as prescribed, take over the X as needed and X. The reason for continuing X was X. The patient was X.

Per the Utilization Review Peer Reviewer's Response dated X, by X, M.D., the requested X was noncertified. Rationale: *"The request for X is not recommended as medically necessary. There is no operative report submitted for review documenting the X. The X has been authorized for X. X, indicates that the claimant has X. There are X and X submitted for review upon X. There are X documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines"*.

On X, the patient was seen by X, M.D., for X. X was X and stated X pain X. X had X. The symptoms were made X. The X showed the X was able to X. The X. The X was X. The X was X. X findings were X. The X. The patient was X as needed for X.

Per the Utilization Review Appeal Peer Reviewer's Response dated X, by X, M.D., the requested X was denied. Rationale: *X. In estimating the X. In this case, this is a X with a date of injury of X. The patient is status X. Claim review reveals that the patient has X. The patient complains of X. X reveals that the patient is X. As per X, there is X. The provider X. However, the patient has X. Additionally, there is X. At this point post-injury and after a X. The medical necessity of X. Recommendation is to deny the request"*.

On X, the patient was seen by X for X. Overall, X indicated that things were X. X was X, X. X stated X pain X. X had X. The X. On exam, X. The X. The patient was advised to take X as needed for X.

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

According to the medical records the claimant injured the X and diagnosed with X. The patient is X and has received X and the recommended by

ODG is X. As per X, there is X. Based on the records available and ODG recommendations the X are not medically necessary.

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**