

**CALIGRA MANAGEMENT, LLC
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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. The diagnoses were X. The exact mechanism of injury was not provided.

On X, a Letter of Appeal by X, M.D., indicated the patient was originally injured at X on X. X was X. X underwent a X. X last X. A X. X continued X. X new symptoms were in X. For X, X had been X. These have been X. Therefore, continued use of X. Without X. X would X.

On X, the patient was seen by Dr. X. X complained of X. X and X. The X. X was getting X. X was having X. X, which was a X. X last X. The current medications included X. The medication X. On exam, the patient continued to be X. There was X. X was X. The X. The diagnoses were X. X. The X was consistent with the current medication. The plan was to await approval of a X.

On X, the patient was seen by Dr. X with complaints of X. X and X. The X. X was getting X. X was having X. X. X last X. The current X. The medication X. On exam, the patient continued to be X. There was X. X was X. The X. The diagnoses were X. The X. The plan was to X.

X, the patient was seen by Dr. X with X. X and X. The X and X. X was getting X. X was having X. X. X last X. The current medications included X. The medication allergies included X. On exam, the patient continued to be X. There was X. X was X. The X. The diagnoses were X. The X.

On X, a Letter of Appeal by Dr. X indicated the patient continued to have X. There was X. X was X the X. X. X Texas X. Therefore, X. These continued to work well, allowed X. Therefore, continued X.

Per Utilization Review dated X, by X, M.D., the request for X: "X."

Per Notice of Review Outcome dated X, from X, the request for X. Rationale, "X." Criteria/Treatment Guidelines Utilized: X.

On X, a Pre-authorization letter by Dr. X indicated that patient's X. X was getting X. X had very X. X score was X, which was a X. X certainly X. X was doing well with the X. This was medically necessary and indicated for this patient directly resulting from X. Preauthorization for X.

Per Notice of Reconsideration Outcome dated X, from X, the request for X.

Rationale: "X. *Complete X. X.*

Per Utilization Review dated X, by X, D.O., X: "X."

On an unknown date, a prescription by Dr.X.

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

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**