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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 Upheld            (Agree)

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 patient had been X. X described  
that the X. X mentioned that the X.

On X, X of the X performed at X by X, M.D., showed: 1)X. 2)X. 3)X.

On X, a Designated Doctor Examination (DDE) by X, D.C., indicated the patient had X. The expected X date was X. The patient continued X. Office visit dated X by X, M.D., indicated X would benefit from a X.

On X, the patient was seen by X, M.D., for X at X. X had more X. X underwent treatment with X. X reported X. X history was significant for X. On exam, the X. X on X was X. X was X. The diagnosis was X. Condition remained X. Dr. X opined X would benefit from X. X was X.

On X, the patient was seen by Dr. X. X at X. X had more X. On exam, the X. X on X was X. X was X. The diagnosis was X. Dr. X opined X would X. X was X.

Per Utilization Review dated X, the request for X: *“The ODG recommends X. The ODG X. The ODG X. X. The documentation provided indicates that the injured worker reports X. On examination, there is an X. An X documented a X. The provider has recommended X. Given the X. X is supported for the procedure. There are X. As such, X. However, as X. Evidence Based Guidelines Used: X.”*

Per Reconsideration dated X, the request for X , as X: *“This reviewer would X. The clinical records demonstrate evidence of a X. The patient X. There are X. Therefore, X. Guidelines: ODG by X, "X,"- Treatment-X. ODG by X, "X,"- Treatment-X, General for X(Last review/update date: X). X Used: reference is included in the body of the report.”*

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

Both reviewers correctly identified that a X. Both reviewers 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**