

Parker Healthcare Management Organization, Inc.

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IRO Cert#XX

DATE OF REVIEW: SEPTEMBER 3, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Compound: XXXX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Anesthesiology and is engaged in the full-time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

XX Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX, who was injured on XXXX. This is a patient with extensive history of chronic pain, XX and post XX syndrome. It seems like other modes of pain control might have been exhausted such as XX XX steroid injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The primary pain doctor has resorted to a XX XXXX pump which XXXX deems as best treatment for the patient. XXXX concentration and refill frequency of the XXXX are to be based on general guidelines of XXXX use in this manner, the patient's side effects from the medications and the patient's response from the treatment. The pain doctor has the history and physical data from office visits to determine amount of XXXX that the patient is requiring to manage XXXX pain. The physician has seen and evaluated the patient and rendered medical care in the best interest of the patient based on XXXX clinical presentation.

Therefore, based on the medical records, medical necessity has been established and the denial is overturned.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES