

# Parker Healthcare Management Organization, Inc.

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IRO Cert#XX

**DATE OF REVIEW:** SEPTEMBER 12, 2018

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

XX

## **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 Pain Management 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 sustained an injury on XXXX. XXX was Diagnosed with XX XX pain. There was a XX at XX XX-XX on XXXX. On an Evaluation on XXXX, the patient complained of XX XX and XX pain. XXX has active progression of XX pain secondary to the XX issue.

## **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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

This patient has a long history of XX XX pain as evidenced by history and physical by treating MD. XX studies show XX-XX XX and mild XX XX at XX-XX. It seems like the pain MD is trying to avoid surgical intervention for the patient by using less invasive pain management techniques. This patient has been having more trouble with XXX daily activities and is necessitating a temporary pain intervention provided by the XX XX-XX XX injection.

Therefore, based on the medical records from the treating MD, medical necessity has been established.

**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