

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert# XX

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-31 page

Respondent records- a total of 1,424 pages of records received to include but not limited to:

X letter X; X letter X; DWC forms; X records X; X agreement; X Physicians X; Operative report X; X records X ; X XX XX X ; MRI X; DD Report X; records Dr. X ; The X Center records X; Dr. X records X; MRI X; X Rehabilitation notes X; FCE X; TDI X; ERMI letter X; ERMI X description; Request for Reconsideration X; ODG-TWC Pain, ODG-TWC X; X Group X; X Ray X record X

Requestor records- a total of 0 pages of records received to include but not limited to:

TDI issued Notice of IRO Assignment X; X Issued IRO Notice and Request for Records

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, in a mechanism that was not denoted. The claimant was diagnosed with a X. An evaluation on X, revealed continued X. The An X approximately was performed X prior and with X sessions of post-operative X. The claimant was noted to be using an X and was X. X was reported to be making the symptoms X. The clinical examination revealed X. X was X degrees, X was X degrees, X was X degrees, X was X degrees, X was X degrees, and X was rated as X.

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

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THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The claimant has continued pain in the X. According to the guidelines, the use of a X is not recommended and is under study for X. There is no high-quality evidence available. The guidelines indicate a X trial can be utilized as an alternate option in conjunction with continued X if X weeks of X alone have been unsuccessful in adequately correcting X limitations secondary to X and the claimant was otherwise needing further X. There is no documentation to support the claimant was needing further X of the X to warrant a X-week trial to be used in conjunction with additional X. The claimant was currently utilizing a X and the request of an additional X days would exceed the X-week trial as recommended by treatment guidelines. Therefore, the request for an X for the X is not certified as it does not meet the requirements for medical necessity.

XX DWC- DIVISION OF WORKERS
 COMPENSATION POLICIES OR GUIDELINES

 EUROPEAN GUIDELINES FOR MANAGEMENT
 OF CHRONIC LOW BACK PAIN

 INTERQUAL CRITERIA

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

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- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)