

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert# XX

Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-XX-Request for an IRO-26 pages

Respondent records- a total of 43 pages of records received to include but not limited to:

TDI X; Request for PreAuth X; X XX Specialty Form; XX XX XX Request X; Appeal Request X; X XX XX records X; IRO Request Forms; XX letter X

Requestor records- a total of 32 pages of records received to include but not limited to:

XX Request for DDE Appointment X; X XX XX Records X; DWC Forms XX; X XX XX XX records X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, in a XX XX XX. The claimant was diagnosed with X. There was no notation of X on the date of injury, only X and X. Treatment had included X of an unspecified amount. Medications included X. A X CT and EEG were performed on X, and were unremarkable. An evaluation on X, documented X. X had previously been performed. The claimant was currently not working.

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

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TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The previous noncertification on X, was due to lack of clarity of the records regarding treatment to date. The previous noncertification is supported. Additional records were not submitted for review. The CT scan and EEG were unremarkable. The claimant has undergone an unspecified amount of previous X. The most recent notes showed a X examination which was XX intact. The guidelines would support X. Therefore, the medical necessity for X was not established and the denial is upheld.

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