

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, in a X. The claimant was diagnosed with X. An evaluation on X, documented X. The claimant was maintained on X. There was X. The claimant reported at least X. The claimant's prior X was prescribed on X. There was notation of prior use of X. There was an X consent on file. The claimant was noted to be seen monthly, at which time X are performed.

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.

This mediation is not recommended as a first line for X. For continued use, there should be evidence of X. The medicals suggest the claimant had X; however, the X was X. Without X, the guidelines would not support long-term use of X. The request for X, quantity four, is not certified as medical necessity was not 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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES