

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-29 pages

Respondent records- a total of 76 pages of records received to include but not limited to: XX letter XX, XX; Pre-Authorization Request; Records from Dr. XX XX; X-rays XX A-XX test XX; MRI XX XX ; XX XX Rehabilitation Center report XX ; XX Records XX -XX ; XX XX XX Letter Dr. XX XX

Requestor records- a total of 0 pages of records received to include but not limited to: TDI issued Notice of IRO Assignment and request for records XX, XX issued Request for Records XX

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XX-year-old XX who was injured on XX, when attempting to keep a XX from XX over. The claimant was diagnosed with a XX, region, XX, and XX. An x-ray of the XX was performed on XX, which revealed XX at XX through XX and XX. An EMG was performed on XX, which revealed XX and findings worrisome for evolving XX. An MRI of the XX without contrast was performed on XX, which revealed the following; multilevel XX, multiple levels XX no XX, and mild grade XX. A psychological evaluation was performed on XX, which identified no XX issues that would prevent the claimant from being a good candidate for surgery of the XX. A XX XX injection was performed XX. An evaluation on XX, revealed continued pain in the XX rated as 10/10 on a Visual Analog Scale with symptoms of XX and XX in the XX, with XX more severe than XX. The previous XX was reported to have increased pain and pressure in XX. There had been fourteen sessions of XX without significant improvement. The physical examination revealed increased pain XX, there was weakness documented in the XX, there was decreased reported sensation in the XX, there was a positive straight XX, and XX were XX.

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.

RATIONALE:

The claimant has continued pain in the XX. According to the guidelines, XX of the XX is only recommended as an option to treat XX, XX, unstable XX, XX, acute XX with XX XX, XX with resultant XX, XX, XX. There is no documentation or evidence on diagnostic imaging to support the claimant is currently suffering from any of these conditions to warrant a XX of the XX. Without evidence of the claimant pending XX surgery of the XX, there is no medical necessity for a surgical assistant and the use of XX. The current request of XX days inpatient stay also exceeds the recommended guidelines which supports up to a three days inpatient length of stay. Due to these reasons, medical necessity has not been established and the request for an XX, posterior XX with co-surgeon, XX days inpatient stay is not certified.

Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines XX

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

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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