

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#5301

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, X. An evaluation on X, documented X. There was X. There was pain on X. Reflexes were X. There was no documentation of X. An X was recommended. Treatment had included unspecified medication and activity modification. An X on X, documented a X. At X, there was a X. The X was normal in X. At X, there was a X. The X measured X. The X was normal.

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.

Requests for X were previously noncertified on X, due to lack of objective documentation of efficacy of the procedure and potential for adverse reaction. It was stated the claimant's physical examination findings do not support true evidence of X. The guidelines do not recommend X on a routine basis as the risk outweighs potential benefit. They should be certified on a case by case basis as a short-term treatment for X. The physical examination findings do not support objective evidence of X. X testing was not submitted for review. There is no evidence of X on imaging to correlate with the subjective pain complaints. Full, objective documentation of X program was not noted. Therefore, medical necessity for the X has NOT been established.

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**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