Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038 972.906.0603 972.906.0615 (fax)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, in a X. The claimant was diagnosed with X region and X. An MRI on X, documented X levels due to X. A X documented X with an X. An evaluation on X, documented X pain. There was a past surgical history of X. The Body Mass Index was X. The claimant X in the X. Medication included X. An evaluation on X, documented complaints of X pain. The claimant returned after X evaluation which indicated X. There was X pain with X. There was an X. X was X on the X.

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. The previous noncertification on X, was due to lack of documentation of previous treatment and lack of recent imaging having been submitted. The previous noncertification is supported. There were no X x-rays documenting any X instability as required by the guidelines prior to X. There was no notation of failure of X levels of care including X or an X. The imaging reported no evidence of X. There was no notation of any X. The x-rays reported no evidence of X.

Therefore, medical necessity for the X was not established. The URA 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