

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, from X. The claimant was diagnosed with X. The past medical history was significant for X. Treatment had included X. In addition, the claimant completed X. Current medications included X. An evaluation on X, noted a request for an X. The claimant reported improved X. The generalized X score was X from a previous X. Current pain level was X on the X scale.

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 request was previously noncertified by Dr. X on X, as the claimant completed a X. No additional documentation was submitted. The previous noncertification is supported. The guidelines state that at the conclusion and X. The claimant completed a X. Based on the medical records available for review and the peer-reviewed, evidence-based guidelines, the request is not medically warranted. Therefore, the request for an X is not approved as medical necessity was not 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