

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)
IRO Cert# XXXX

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, in a mechanism that was not denoted. The claimant was diagnosed with X. A X in X. An MRI of the X on X, documented X. X of the X. An evaluation on X, documented X pain. An X was recommended and noncertified. There was X of pain. X was noted in the X except for X. Decreased X was present. There was painful X. A moderate X was noted with X in the X. Recurrent X was present without signs of X. It was stated the claimant had X. X was recommended. The request for authorization on X, included X. Prior requests were noncertified for X as there was no 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.

There was a previous noncertification of a X but was certified at that time for possible X. A X examination was noted. There was no evidence of X. X for X would not be recommended without clinical findings X on physical examination in X. The medical necessity for the X was not established. Therefore, the requested X is not certified.

Official Disability Guidelines Treatment Integrated 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