

Parker Healthcare Management Organization, Inc.
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DATE OF REVIEW: X AMENDED: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in X

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X, when involved in a X. The claimant was diagnosed with a X. Treatment had

included X, which did X, and the claimant underwent X. X, the claimant developed X and did not X. A repeat MRI of the X was completed on X and reported a X of the X. The claimant was X. There were subjective complaints of X and X. On X examination of the X and X. The X recommended X with X at that time due to 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.

RATIONALE: The request was previously noncertified by Dr. X, due to the X, including X and a X. No additional medical documentation was submitted. The previous noncertification is supported. The guidelines note a X may be recommended after X. The guidelines note a X may be supported for the diagnosis of X not controlled by X. There is no objective evidence to support the claimant has undergone X as required by the guidelines, including X. Therefore, the request is not medically supported. The request for a X or X action is not certified.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME