

Parker Healthcare Management Organization, Inc.
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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. X

REVIEW OUTCOME

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who reported an injury on X when X. The claimant was X was approved. On X, there was X and X. A X noted the claimant had X. Continuation of X was noted to be medically necessary. A X update on X, demonstrated X. X noted 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/GUIDELINES OR THE NETWORK'S
TREATMENT GUIDELINES, THEN INDICATE BELOW
WITH EXPLANATION.**

RATIONALE: The prior request for X to a lack of medical necessity. Additional documentation includes a letter from X. The previous noncertification is supported. An operative report indicating an X was not provided. Noting that the X did not document evidence of X. The X follow-up on X, suggests the X. Regardless, the medical records support that the claimant has X. The claimant has X. There are X documented to X. Therefore, the request for X is not certified as medical necessity has not been established.

**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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)