

Becket Systems
An Independent Review Organization
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Description of the service or services in dispute:

X
Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

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

X

Patient Clinical History (Summary)

X who sustained an injury on X. X was diagnosed with X.

X was seen by X, MD on X for a follow-up of recurrent X. X stated that X was doing X. However, X continued to have X. X had X. X stated that X. When the X. X was X. X was X. On examination of the X. X had X. X-rays of the X.

An MRI of the X showed X. There was X.

Treatment to date included X.

Per a X, the request for X was denied by X, MD. Rationale: "Per guidelines, X. X made multiple attempts to contact X. This was unsuccessful. Therefore, based upon the provided documentation, the request is not currently supported."

Per an X, the prior denial was upheld by X, MD. Rationale: “Per evidence-based guidelines, X is not recommended due to X. In this case, the patient continued to X. There was X. The X. An appeal for X was made. However, the requested procedure is not guideline supported. Moreover, there were X. In addition, there was insufficient objective evidence of X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG does not recommend X. The documentation provided indicates that the X. Treatment has included X. A recent X. A recent MRI documented X. Based on the documentation provided, the requested X would not be supported as the ODG does not recommend the X. As such, the requested X is recommended for noncertification. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation
- Policies and Guidelines European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)