

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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X with a reported date of injury X. X was X and X.

X was seen by X and X. On X presented for X. X stated a X and X. X also reported X. The pain was X. On examination, there was X. X had an X. There was X. X was noted. X of the X were reviewed. There were X. X to X was noted. On X presented for a follow-up. X stated X had X. X to have X. X remained X.

Treatment to date included X.

Per a Utilization Review decision letter and peer review dated X, the request for X and X was denied by X, DPM. X: "Upon reviewing documentation and per guidelines, the requested X is not supported. Documentation X previously provided. Documentation X. Therefore, the request for X is non-certified".

Dr. X wrote an appeal letter on X for noncertification of X. The X was X 2) X, and 3) X and X. X with X would X. X should be X. A peer-to-peer discussion was recommended.

Per an Adverse Determination letter dated X and peer review dated X, the prior denial was upheld by X, DPM. X: "In this case, the guidelines state that the X are generally not recommended for X. Additionally, there is X. Therefore, the request for appeal X, is not medically necessary".

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

The X are generally X. There is X in the clinical plans as to how X. While Dr. X has noted X, this is not supported as medically necessary for this X. X had a X. It is not clear as to X. Medical necessity is not established.

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)