

Becket Systems
An Independent Review Organization
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Notice of Independent Review Decision

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 is a X with a date of injury X. The X of the injury was not available in the medical records. X was diagnosed with X.

X was evaluated by X, MD on X for a follow-up of X. X continued to have X. The X was described as X. X stated that X. Examination of X revealed X.

An MRI of X dated X revealed X. There was no X. There was X and X of the X. X of X dated X were X.

Treatment to date included X.

A Letter of Medical Necessity was written by X on X. X continued to have X. The X would X. After a review of X's -X, Dr. X believed that X was appropriate and medically necessary to X.

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The guidelines stated that X for X is considered X. X is yet available. X to X. There is insufficient evidence in the published medical literature to demonstrate X. X were X."

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidenced-based guidelines, the X for X. In this case, the patient had X. X was recommended to X. However, the requested X in addition to X still X. Explanation of X was not documented. Clarification is needed regarding the request and how it might change the treatment recommendations as well as the patient's clinical outcomes."

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

The ODG supports the use of X for X in conjunction with X and X has not X. The guideline support X. The documentation provided indicates that the X of X. A X documented X. Treatment has included X. The treating provider has recommended X. Based upon the documentation provided, the X would not be supported as there is no indication that X has not X. As such, the requested X is 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)