

Becket Systems
An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome

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:

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 who was injured on X while X was X. X recalled X, followed by immediate X and X. X was X. The diagnosis was X.

On X, X was evaluated by X, MD for X. X was now X on X. X was X. The X was X as X to X. X mentioned X was X due to X in the X. X was X. X also described X and X to X. X had been X with X relative to X. X denied X symptoms. X was X to the X due to X though it was medically necessary. On examination, there was X. The X and X sites were X. X was X with X beyond this. X was X and X was X to X.

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An X of the X dated X showed a X of the X and X. There were associated X of the X and X. A X of the X and X was noted. There was a X. There was also a X and X. A X was noted and a X. There was also a X involving the X and X. There was also a X of the X. X was noted of the X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the 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 not certified. The Official Disability Guidelines only supports X for individuals who have X. This X is not diagnosed with any X of the X. Furthermore, guidelines do not support X or X for X and an X would be able to perform such X without X.

Understanding this X and lack of X as well as guideline recommendations this request for X is not supported.”

In an appeal letter dated X, by Dr. X documented, that this letter served as a medical necessity for X of the X, as well as X for X. X had a X that was X. X had not X with X in the last X. At that point, a X and X were the best options to avoid X. Dr. X wanted to take every step possible to avoid X in X case, which would entail an X.

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “Per evidence-based guidelines, X are conditionally recommended. In this case, the patient was X and X with X on X. It was noted that over the past X, X remained from to. X was X with X that was X. X had not seen X with X in the last X. At this point, a X and X were the best options to X. Thus, a

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request for X was made. However, there were no additional medical records submitted with pertinent clinical information that could overturn the previous denials of the request. Moreover, X to X with recommended conservative treatments including X was not evident in the given medicals and there were no X submitted for review. The case was discussed with Dr. X, who reports the patient had X for X. The patient has X and X with X. The provider hopes to avoid X. The patient does not fully meet the ODG. As such, the current request is not medically supported. The prior denial is upheld. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

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

The ODG recommends X for the treatment of X and X of the X when there is X with X and X. The ODG does not recommend X or X for X. The provided documentation indicates the worker’s X on X. The worker has X and X despite X and X. They have X in X. The workers X is X from X. The X is X. X included X of the X consistent with X. Prior X showed X of the X consistent with X. The provider has recommended a X and attempt to avoid a need for X. Given the X with X and X despite X and X, a X is supported to X and in turn X and X. While the X is appropriate, there is no support for X or X. Based on the available information, the recommendation is to partially overturn the prior denials with certification of X of X as medical necessity is established and noncertification of X of the X and X as 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

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- 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)

Appeal Information

X