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## Notice of Independent Review Decision Amended Letter Review Outcome

Description of the service or services in dispute:

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 X. X sustained an injury while X. X was diagnosed with X, X.

On X, X was evaluated by X, MD for a follow-up and a X review. X complained of X and X. X had undergone X at X to X. X also had X for X / X. The pain was rated at X. It was described as X, but not associated with any X. On examination, X could X. X was X. X revealed X. X was X. There were X or X.

A X of the X was performed on X for X, X, and X. There was X with X, X / X. At X, there was X and X. No other significant X or X was noted. X of the X dated X revealed prior X. X was seen at these X. There appeared to be an X. There was a X in X. There was no X or X. There was X. X were X.

Treatment to date included X, X, X, X, and X, X, and X / X in X.

Per a Utilization Review decision letter dated X, the request for X, X, X, X, X, X, and X, and X was denied by X, MD. Rationale: "The patient has had X and continued to have X. There appeared to be X present at X. A X had also not been completed. The guidelines have not been met for the requested X. There are no X that would support the recommended guidelines. Therefore, the request for X at X is not medically necessary." With the above rationale, the request for X at X, X, X, X, X, X were not medically necessary. As the requested X was not supported, the request for X was also not medically necessary. The poorly scanned medical records were largely illegible.

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "A peer conversation occurred in this case. The medical records have been reviewed. The patient's history does not support the request. The X does not support the request. There is no documentation of X. There is no documentation of a X being done. The patient has had X. A X needs to be done prior to X. Dr. X agreed. Therefore, the requested X is not medically necessary. The medical records have been reviewed. The patient's history does not support the request. The X does not support the request. There is no documentation of X. There is no documentation of a X being done. The patient has had X. A X needs to be done prior to X. Dr. X agreed. Therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported

supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X: X is not medically necessary."

A description and the source of the screening criteria or other

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

The claimant has been followed for a history of X and X with X following a X. The claimant was also status X. X from X noted an X at X. There was X considered X per the X. The X noted X with a X. The X. This resulted in X and X. The X at the X evaluation noted an X and X. From the previous utilization reports, it is noted that Dr. X, who is the treating provider, agreed to obtain a X of the claimant. The available records did not include a X ruling out any X that could X. Further, the X did not detail any X consistent with the X on the X. X was evident at the X. Therefore, it is this reviewer's opinion that medical necessity for the requested X and X is not established.

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	
<b>✓</b>	Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards	
	Mercy Center Consensus Conference Guidelines	
	Milliman Care Guidelines	
$\checkmark$	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)
□ (Pro	Other evidence based, scientifically valid, outcome focused guidelines ovide a description)