

Becket Systems
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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

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]:

Per the available records, X who was injured on X. X sustained a X to the X. X described X. The diagnosis was X.

X, MD evaluated X on X, for X. X presented complaining of X. X symptoms had been X. X stated X received X. X stated the X. X reported X. X wore a X. X reported occasional X. X no longer complained of X. On examination, the pain scale was X. The X revealed X. X was X. X performed on X showed the following findings :X. There was X. Possible X. Clinical X was advised. There was X. The assessment was X. X were discussed. X did X. X was given a referral for X. X would follow-up in X. X did not wish to be X. X was advised to follow-up with X.

Per the available records, treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is X. The records submitted for review would X. The claimant described X. However, the records did not include recent X. The records also X. Given these issues which X."

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for the X. Rationale: "In this case, the patient was injured on X, and was treated for X. As per progress report dated X, examination revealed X. X was X. A prior utilization review determination report dated X, by X, MD, denied the request for X. The case was discussed with Dr.X, who reports the patient's X is consistent with X. At this point, the X. As such, the request is X."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The requested X. The X suggest the presence of a X. The X describes X. However, there is X. X for the possible X. Therefore, the request for X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**