

Becket Systems
An Independent Review Organization
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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]: X is a X with a date of injury of X, when X was X. X had a X. Since then had X. The diagnoses included X. X was evaluated by X, MD on X for X. X had seen X about a month ago where X had had a X. X had at the time had a dedicated X and returned for follow-up. X continued to have X. X had been X. Examination showed X. X were X. There was a X. X of the X revealed a X. The X was X. On X, an X of the X showed X. There was X. X, X of the X. An X of the X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "This injured employee has complaints of X. However, there is X. Absent this initial conservative treatment this request for a X." On X, Dr. X saw X for continued X. On examination, X remained without X. There was however X. X had significant X. X was X. X was also X. X forward X was X, X, X, X only to X. X testing showed X. There was X. X over the X. X showed X. There was X. There was a X. X that were X. X did X. There also appeared to be X. X with X. There was X. X was again noted with a X. The assessment was X. X was still doing X. Given X. Per a reconsideration review dated X, X, MD upheld the denial. Rationale: "Appeal Request for X. In this case, the date of injury is X. There have only been X. X may very well help X. As such,

the request for Appeal Request for X The requested X. The claimant reports an injury dated X. Based on the submitted medical records, the claimant has only had symptoms for X. The claimant has X. The claimant has X. Therefore, the requested X. The request X.

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

The requested X. The claimant reports an injury dated X. Based on the submitted medical records, the claimant has X. The claimant has X. The claimant has X. Therefore, the requested procedure X. The request 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)