

Becket Systems

An Independent Review Organization

3616 Far West Blvd Ste 117-501 B

Austin, TX 78731

Phone: (512) 553-0360

Fax: (512) 366-9749

Email: @becketystems.com

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:

Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X is X who was injured on X when X. The diagnosis X.

X visited X, MD on X for X. X had X. X was referred for X but was canceled due to X. X continued to X. X did not X. X continued to X. X could not X. On examination, X. Examination noted X. X was noted.

Per the X office visit note, x-rays revealed X. X was noted X. No X was identified.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, X, MD denied the request for X. Rationale: "Per evidence-based guidelines, X is recommended for patients with X and after exhaustion of conservative treatments. In this case, the patient returned for follow-up of X. X had X. X was referred for X but was canceled due to X. X continues to X. X did not relieve X. X examination showed X. X was X. A request for X was made. The guidelines specifically note that a prerequisite for X is X. In this case, the patient X. Furthermore, there is incomplete documentation of prior conservative care, including X. As such, the request is not supported."

Per a reconsideration review adverse determination letter dated X, X, MD denied the appeal request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced, this request is noncertified. Per evidence-based guidelines, X is indicated after provision of conservative care in conditions with X. The patient returned for follow-up of X. X had X. X was referred for MRI scan but was canceled due to X. X continues to X. X did not X. X examination showed X. However, the subjective and objective findings in the recent report were X and were not able to meet the guidelines recommendation. Moreover, X from X supported by objective findings and evidence of X were not fully established prior to proceed to X were not fully established. Furthermore, X. 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 X for X, without X, following a prescribed period of conservative care. The ODG supports X. For those with X, X are recommended. There should also be documentation X findings. Based on the clinical documentation provided, the injured worker has X despite X. They are unable X due to X. The x-rays are noted to show X. Objectively, there is X. As there is clear documentation of X, the criteria for X are not met. Furthermore, the documentation does not suggest that the duration of

Becket Systems

Notice of Independent Review Decision

conservative treatments has been met. Based on the ODG recommendations and available information, the 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)