

Becket Systems
An Independent Review Organization
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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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X who was injured on X when X was X. During the X, X was X and then X. X was diagnosed with X.

X presented to X, MA, X on X for complaints of X. X was referred to determine appropriateness of a X. X was diagnosed with X. At of X treatment, It was evident all primary and secondary levels of care have been exhausted. X treating physician, X, recommended a X Program. With X ongoing X condition, X needed X Program. X had verbalized interest in participating in the program. X continued to have X, X, and X that would best be addressed by a X program. A X program

incorporates components of X. This would allow for X. X and instruction in X and X would be geared toward X.

X had telemedicine visits with X, MD on X and X. On X was evaluated for the X to X injury on X. After the X had pain in the X. Upon evaluation, X was found to have X of the X and X. There were no acute findings in the X, but X had some X. X had X. X had some relief from that X, but the symptoms continued. X was also treated for X. X had X and X from X, which included mostly X. The X to the X. X recommended a X, which was appropriate per ODG. On X continued to struggle with X ongoing symptoms. X believed that the symptoms were best treated with a X, which was initially denied due to lack of information / X, which was resolved.

X underwent a X by X. The purpose of the evaluation was to determine X and X. Upon evaluation, X had demonstrated X. X required performance was X. X commented that “Based on today’s evaluation, review of records, and verbal reports from X, it appears X has met all lower levels of care. This includes a X. X current outcome would be considered within the domain of ‘X having received all these conservative measures without an X. X would reasonably be considered amongst ‘patients with X.’ Based on ODG standards, X has yet to receive a X, aka X. X is a very viable candidate for such a program administered on a concurrent basis. X is agreeable and devoted to attending such a program and exemplifies no ‘negative predictors of success, X. By providing X an X will surely be served well via the X and X of care which are intended to X.”

Treatment to date included medications X.

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: “The X was insufficient to support enrollment in a X program. Exhaustion and failure from X established in the records prior to the consideration of the request. The patient has

had X as the documentation does not indicate X. Clear exceptional factors could not be identified.”

Per an appeal letter dated X by X had met all X of care. This included a X. X ongoing outcome would be considered with the domain of “delayed recoveries” having received all these conservative measures without an acceptable outcome. X would reasonably be considered amongst “patients with X. Based on ODG standards, X had yet to receive a X. X was a very viable candidate for such a program administered on a concurrent basis. X was agreeable and devoted to attending such a program and exemplifies no negative predictors of success, efficacy of treatment, or completion of program” that would not be adequately addressed within the program design.

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Per evidence-based guidelines, X are recommended where there is access to programs with proven successful outcomes, for patients with conditions that have resulted in ‘X.’ Total treatment duration should generally not exceed X. In this case, the patient’s required performance was X. The patient does not live in a X or X and the reason for X is solely and X. There is no support for use of X in the presence of only X. The X does not clearly support a X. Guidelines do not support a requirement for X. The patient already proves X can live without X. Exceptional factors were not noted. Telephone contact was established with the office of X. It is stated they believe they have met the X denial. 1. There is belief that although the patient only has a X to return to, X is only able to currently function in X position for up to X. The patient is able to X and therefore, X meets or exceeds X ability to manage a X as noted in this job description. 2. The patient has been treated with X. 3. The program goals are noted in the X. 4. X was reported as X. The only area that remains inconsistent with enrollment is the fact the patient does not require X. The records and telephone call suggest the patient has X

with no X need to support enrollment into a X. The prior non-certification is upheld.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The length of time removed from the date of injury is a negative predictor of success in the program. It is unclear why the patient is X. There is no documentation of any recent X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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)