

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

Patient Clinical History (Summary)

X who was X. X was X. The diagnosis was X.

Per the office note dated X by X, MD, the claimant X. X had some X. X symptoms were X. X continued to X. X had X. The examination of the X. There was X. There was X. The X of the X. The X and X were X. X had a X. The plan was for a X. The claimant was to X. The diagnoses included X. On X, X reported X. X complained of X. X also reported X. On examination, X was X. X was X.

A X scan of the X showed status X. X areas of X. X.

Treatment to date included X.

Per the peer review report dated X by X. MD, the request for X was not medically necessary. There was an illegible documentation provided. The reviewer was unable to assess diagnosis. X for request, no X were provided.

In a peer review dated X, X, MD indicated that the request for X guided X, was not medically necessary. X: "In this case, the examination revealed the X. There was X. There was X is more X. The remainder of the X. The X and X are X. The guidelines do not recommend X. There are no exceptional indications documented. Therefore, the request for X is not medically necessary."

Per a peer review dated X, X, MD indicated that the appeal for X was not medically necessary. "The patient is X individual who X. The patient was diagnosed with X. According to the most recent office visit dated X, the patient continues to have X. The patient also reports X. The patient has completed X which is providing the patient with a X. The X shows the X. On X, the patient was X. There was X. There was X. X were X. Per the guidelines, a X. This case was already denied once, and this is an appeal request. The patient has a history of X. The X. That is a X. As such, the request is not supported. Therefore, the requested appeal for X and not medically necessary."

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 Appeal X – Doctor's visit for the evaluation of an established patient for a detailed history, examination, and a medical decision of 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. Current X do not recommend the performance of X. The X note that although X. When treatment is X should be noted. There are no X factors of delayed recovery documented. 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
- X, 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.