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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 is a X who sustained an X while X. The diagnoses included X.

X was seen on X by X, MD for X. The X was described as X. It was rated X. It was X. Examination revealed X. X testing showed X. X testing was X. X were X. X was decreased for X. X of X was X and X.

An MRI of the X demonstrated X.

Treatment to date included X.

Per an X by X, MD on X, the requests for X. X: “The office visit documentation of X. At X there was X but rather X. The MRI X. Therefore, this X.

Per an X determination by X, MD on X, the requests for X. For patients with X. X should be X. X may be used for X. A X review on X denied the requested X. The X stated: X. The MRI report itself is confusing at the X. It is unclear whether the X. A more X seen on the MRI and specification of the X requested is needed before this X request can be certified.” A recent X review dated X denied the requested X stating: “X than previous notes. Additionally, X. At X, there was no X, but rather the X. The MRI does not indicate significant X.” Although the X. Examinations do not reflect X. For these reasons, the appeal is given an adverse determination and the previous denial is upheld. Upheld - inpatient stay, X: “The associated request for X is non-certified. Therefore, this request is also not medically necessary and is given an adverse determination. The original denial is upheld.”

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

In review of the clinical findings, there was evidence of continuing X. The claimant’s X exam findings did note X. There was X and X. The claimant’s X. The clinical findings would support evidence of an X. However, there is no evidence of any X. Therefore, the previous denials are partially overturned and listed X are 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)