

**Becket Systems**  
**An Independent Review Organization**  
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***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 was injured on X and X. X and X. The diagnosis was X.

An X was conducted by X, MA, X. X presented with X. X had X. X was X. X admitted X, and X. X stated that X was X. X had X. On X was observed to have a X. X was X and X. The X and X of X was X. X was X and X. X described X and X. X was X. X also reported X. X had X. X denied X. X had X. X and X. X was X. X denied X at X. On this session, X. X was X. X was X. X was X. X was X.

On X was evaluated by X, DC for a X. X reported X with X. Associated symptoms were X. X stated that pain was X. X had previous denial of X. On examination, X. X was noted X and X. X had X. X. X of the X was noted. X was seen X due to X. X below the X. A X, MA, LPC dated X. X continued to X. X described a X. X could X. X was X. X was X. X still had X. On X was X. The X and X. X was X and X. X felt X. X was

X. X was X. X also reported X and X. X had X. X had X. X and X. X was X. X at X. On this session, X was X. X was X. X was X recommended to continue in an X. X was X; however, the X and X were not documented.

Treatment to date included X.

A X of the X. There was a X. There was X. There was X. X was observed X. There was X with X. An MRI of the X dated X. X resulted in X. X was X. X of the X was noted. X was X. X was X. A X, MD dated X revealed X. There was an X. There was an X.

On X, the request for X, was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Guidelines do not support X. The patient had a X. There is X to support a medical need to continue. Telephone contact was established with the office of Dr. X. It is stated the evaluations between X are X. There is X to determine X. The notes X and there is X. The X which does X. The records do X from the X.

On X, the appeal request for X, was non-certified. Rationale: "After careful review of all available information, our Specialty Advisor has determined that the X does not meet medical necessity guidelines. The principal reason for the determination for non-certification is as follows: The X is not consistent with our clinical review criteria. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X are recommended, and the X if required by X. In this case, new clinical information was received and acknowledging the X. X which helped, that X was X. X as a X as defined by the X. It would require X. The X of X on X and X. Please note that X current X. On X. X current X, initially at X. X current X was X. X current X at X. X current X, initially at X. X was X. X with X. X was

X. X was X. X also reported X. An appeal request was made for X. The X of X return to X. X needed X and X so that X would be more X. X also needed to X. Nevertheless, there were X. This is for X of the patient's X. Therefore, the efficacy could not be clearly established, and the prior determination is upheld.

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

The Official Disability Guidelines discusses criteria for X. A prior physician review noted that medical records do X. Additional information to clarify the goals and rationale for continuing such a X. Without further details in this regard, the request is not supported as medically necessary at this time.

***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)