

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 who sustained an injury on X while X. X reported that X. The diagnoses included X.

X was seen by X, MD on X. X was status post a X. Per the report, X had an X. X underwent X and X. X stated that X did not X. X continued to X. X also X. X remained X. On examination, X. There were X and X. X was X. There was X.

On X, MD evaluated X for X. X reported X was able to X. The pain was X. The pain was X. The pain was X. On examination, X. On X of X. X was able to X. The pain was described as X. X helped to X but the pain was X.

A X by X reported X job as a X. On examination, the X. There were X. X was X. X demonstrated X. X demonstrated a X. X also demonstrated X.

A X was X, MA / X, PhD on X. X included X. X reported the X. X reported that they X. X demonstrated X. X reported that the X. It seemed to X. The pain X. X pain X. The pain was X. X that X. The X. X with X. Pain X. X reported that X. X was X. The more X. X was X. X and X. X appeared to X. X also X. X was X. X reported X was X. X had X. X symptoms included X. X had X. X was X. X had X. On examination, the X. X with the X. X had a X. The X. X was X. X became X. In summary, the X. X reported X. X had reported X. X would X. It would X. X should be X. The X was X. The X of, but was X. Those X would X.

A X showed X.

Treatment to date included X.

Per a utilization review by X, MD dated X, the request for X was non-certified. Rationale: "Per ODG, the criteria for X and, X should be identified, and if present, the X goals should indicate how these will be addressed." In this case, the claimant indicated X has a X. It is X. There is no documentation of the results of that X. The claimant has X that are not addressed. The claimant has X and X. The documentation indicated that "Patient responded X; However, there is X. It is not X. X and X. Yet it is X how these X have been addressed. The claimant X. X was able to X. Per the X current X. Due to these issues that are X addressed non-certification is recommended for X.

Per an appeal letter dated X, MA, X, PhD, and Dr. X, the reviewer denied the X stating that X did not do a X and X and also that X did a X. On X assessment in X, it was stated that X continued to have a X. X continued to have X. X completed X. X the X. X seemed to have X. The X was also complete. X met ODG for a X.

Per a utilization review X, the request for X order was non-certified. Rationale: "Patient responded X However, there is X. The claimant X. X was X. As per the X current X. It was recommended to do a X only to

further evaluate the necessity of this X; however, as there was X and this is a X, the request is non-certified at this time.”

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. The submitted clinical records indicate that the patient has X. The Official Disability Guidelines would not support X. It is X following a X. The submitted X to provide X. There is no documentation of any X. The length of 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)