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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 was injured on X. X felt X. X was diagnosed with X.

A X was performed on X by X, MA. X showed X. The X was X.

X was seen by X, DO on X. X presented with continued X. X had X. The pain was X and X was requiring X. X was X. On X continued with X. X had X. X did X. X had a X. On X, X presented for X. X continued with X. At the point, X had the X. X was X. X was checked to be X. It was noted any X. On X continued to deal with X. X had undergone repeat X. Unfortunately, X pain continued to X. The provider noted that they were X. Based on the X, the denial of this procedure was in direct contradiction to the wishes of the Texas Medical Board and as supported by the Texas Labor Code, which stated the patients were X. Furthermore, the doctor was X. X was X. The provider had X. Furthermore, the doctor had X. As a result of the denial, X. In X and doctors. Unfortunately, with the peer review, X would have to go through an IRO review once again. On examination, X showed X.

Treatment to date included X.

Per a Notification of Adverse Determination by, MD on X, the request for a X was noncertified. 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. There was no mention if the patient had X. There was also no X. The X.”

Per a Notification of Reconsideration Adverse Determination by X, the request for X was noncertified. 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. Per evidence-based guidelines, X is not recommended. May X. In this case, a request for X was made. However, evidence of the X was not established. The X. Moreover, X. The prior non-certification is upheld.”

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

In question is the application of the ODG to this provider’s requests for a X. The patient had a X. In the current X. The patient has X. Two prior reviews non-certified the request. One review noted that “*There was no mention if the patient had X. There was also no X. The X.*” X and X to the request. X have been documented, while X. The other review noted the X.”

The ODG requires that reference be made to the X. These are not clearly reported in the medical record, with specific reference to the X. However, the provider has documented the patient’s X.

The ODG requires that a formal X. However, the provider’s description of the patient’s X.

The type of X. However, the ODG notes that this form of X.

While there are problems with the provider’s request in terms of documentation and correlation with guidelines, this patient’s X. A

recent X. An exception to the ODG is therefore indicated. Given the documentation available, the requested service(s) is considered 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)