

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 was injured on X. X was diagnosed with X.

X was seen by X, DO on X for X. X had X. X also reported X. X had X. X continued to X. X would X necessary as X represented X associated with this procedure, but X realized something needed to be done. Other options included X. X certainly wanted to X and X a X. Due to the X was requiring X. X had moderate X. X had X. X had X. On X reported X, which continued to be X. Dr. X noted that their notes dating back to their initial evaluation outlined the X. The fact that X had X. Dr. X requested to X. Due to the X requested X to be X, which was X. X had been taking X. The plan was to resubmit an appeal for the X. On X was seen by Dr. X. X failed X. X continued to X. X had X. X MRI was consistent with X. X had X. X had X. X was consistent with X. X had a X.

X dated X was X.

An MRI of the X demonstrated X and X. There was X. There were X and X and X. An MRI of the X.

Treatment to date included X.

Per a utilization review by X, MD on X, the request for X. Rationale, “Per evidenced-based guidelines, X are recommended as a X. In this case, the patient had a X and X. A request for X with X was made. However, per guidelines, X is not generally recommended. In addition, the records were X. Lastly, there was no mention in the most recent medicals that the requested X will be used in X. X is not generally recommended. In addition, the records were limited to fully validate failure from X as there were X notes presented to X. Lastly, there was no mention in the most recent medicals that the requested X will be used in X.”

Per a utilization review by X, the request for X was noncertified. Rationale, “Per evidenced-based guidelines, X are recommended as a short-term treatment for X. In this case, the patient had a complaint of the X. The X noted that the patient presented on this visit for further care of X. X explained that X. X exam noted X was X. X had X. A request for X was made. However, there was no imaging studies for the X submitted for review to validate significant X to fully support the request. Moreover, it was noted that the patient had X, but there was still X for this request and the submitted X. Clarification is needed the request and how it might change the treatment recommendations as well as the patient's clinical outcomes.”

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

The provider requested a X, with which to treat a X. The patient's history is X. The patient underwent a X. The records make reference to an MRI done X, which was X. X, the patient was X was not indicated. The provider initiated care in X, diagnosing a X. The patient

has expressed a X. Two prior reviews denied the requests. Notwithstanding the X in this patient, and the X, the ODG have been met in part. Notably, the patient's medication X. 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)