

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:

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 and X. The diagnoses were presence of X.

On X underwent X with X.

On X presented to X. Per X had X and X. X remained in X. X admitted that X. On examination, X. The X. X had X. X was noted. X was X. X was X. There was X. X were X. X was X. There was X. X of X. X was X that was X. X of the X. The plan was to X. X was X. X and X. Treatment to date included X.

Per a Notice of Adverse Determination dated X, the request X was denied. Rationale: "Regarding X, the ODG notes that X. An X may be required to X. X, the treating physician must X. Such re-assessments can include X. The injured X. The injured X. X with X. The injured X.

There were X notes or documentation supporting X. The referenced guidelines do not allow for X documentation establishing necessity. These criteria are not met, and a X the reference guidelines. Therefore, this reviewer recommends non-certification.”

In a Notice of Appeal Determination dated X, the request for X was non-certified. Rationale: X. This X is the X. This was a X. Follow up note on X. Dr. X stated X did not even test the X. X note indicated that X wanted to X. Yet the requests made have included X. The previous denials have been duly recorded. The new retro request is for X. But an added request for a X has been added. There is X would be required, and X. ODG would X. If that were necessary, a X. In the peer-to-peer discussion, it was explained that the injured worker is in an X. In addition, X is X. The ODG would support the X. This injured worker should X. Therefore, an evaluation by a X. The X. The ODG does not X. X apparently has had it continuously through some other documented need.”

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

The ODG recommends X. The ODG only X. They have X. They continue to use a X. They have been recommended for X. Furthermore, as the most recent note is from X, it is unclear what current findings are present. It is unclear for what duration the X is being requested for and as the documentation does not suggest a need for X; per hour is not 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)