

Becket Systems
An Independent Review Organization
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Review Outcome

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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X who reported being X on X when X, and X. The diagnosis was X, and X.

On X, X presented to X, PT, for X for the treatment diagnosis of X and X. X reported X that resulted in X, X, and X. X reported X having indicated a X and X findings and was seeking a X. X until X. Since the X, X also X, X, and X. X with X and managed a X. Before the injury, X was able to perform X and X. X at the time included X. The symptoms were X and when on the X. They were X and X. The pain was rated a X. X underwent X including X. It was noted that X continued to report X pain was X. X

stated X continued to have X in X, which X; however, X did have a follow-up appointment with X later on that day. X continued to X which was X; however, X of X had X. The X also provided X and X. X was X; however, X were needed to X. X continued to report more X. They would continue to X. X problems were noted as X.

No imaging studies were available for review.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X and X and X was denied by X, MD. Rationale: "Based on a review of the provided documentation, the claimant has X. At the session on X, X reported having X. Pain is rated a X. The claimant X. Pain is X in the X and X. Pain is X and X. It was noted X continues to X, which is X. Also provided X to provide X and X. There is X, X, X, and X. The claimant has been diagnosed with X, X. There is no documentation of a recent office visit and examination with the treating physician Dr. X. There is no indication why the claimant X. Therefore, medical necessity for X and X, per X order has not been established. Recommend noncertification."

Per a reconsideration review adverse determination letter dated X, the appeal request for X and X and X, per X order was denied by X, MD. Rationale: "This claimant has already X. Subsequent notes on X do not indicate specifically how X and X is currently present but rather includes X and X. As stated in the previous review, it is unclear why this claimant cannot X. After speaking with Dr. X, X stated that the patient is X. The patient is X. The provider thinks they can get the patient back to X soon. After speaking with the provider, the patient has surpassed what is allowed per ODG for X. Given X, as well as the number of X the patient has already had, X would not be certified."

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

The ODG supports up to X. The documentation provided indicates that the X was diagnosed with a X. The document is provided indicates that the X has X, and X. There is a request for X. Given that guidelines have been exceeded, there is no indication that significant progress has been made with X, and no indication a X per cannot be followed, X would not be supported. As such, X and X, for the X are not supported as 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)