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Notice of Independent Review Decision

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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X who was injured on X while X was X, when the X and X. X was diagnosed with X, X, X, and other X. On X, X was evaluated by X, DC for an office visit. On examination, X revealed X to X and X in the X. X was X for X. X was X and X. X of the X noted X in the X. A post designated doctor evaluation was performed by X, DC on X to address the X and X. The compensable injuries included X. On examination, X. X of the X revealed X, with X. X of the X revealed X and X. X revealed X was X. X was X on the X. X was X. X was X. There was X and X and X. X was X. X was noted in the X, X and X. All other areas were X and X. Dr. X opined that the work injury that X, was in X and the resulting X, and without it,

would not have occurred. X noted that X had a Designated Doctor Evaluation done on X, with X, MD. Dr. X opined that the X, and X, as well as the X, were not caused by the X. Dr. X respectfully disagreed with Dr. X. The mechanism of injury, that of being X of the X, was a mechanism of injury that was X. Dr. X had also seen X on X and stated that X was not yet at X at the time. Dr. X agreed, that X was still not at clinical X for all injuries. X continued to have X and X as a result of the X, and had a X. An X was recommended by the pain management doctor, and X was pending a X to further address X including X, and ongoing X. The X and the X were expected to improve X. Therefore, further X was still reasonably anticipated at the time. These treatments would need to be completed, before X could be reached. Therefore, X was not yet at X, but was expected to be on or about X. No X rating was assigned at the time. From X through X, X attended X / X under the care of X, DC. Per progress note dated X by X, MD, LPC, X presented for evaluation. It appeared that X had developed X and X, in response to X and the X. These symptoms appeared to be clinically significant in that they were currently X, X, and X. X connected to X, X, X, X, and X had appeared secondary to X and were X, X, and X. It was recommended to continue to participate in X in order to X and X, along with X and X and X. Unfortunately, X was unable to show X in X, X and X. X continued to suffer from X and X. X would require X that would assist in helping X to X, X, and thought processes in X. X continued to X, X, X, X and X and X. X continued to report X that X was unable to X. The pain was X from X to X. X score was X from X prior to program. X was X. X were recommended so that X might naturally X, X and make a successful return to X. As per X dated X performed by X, DC, X at the time reported X rated X that was X and X and X, with X. X of the X were done to X. X demonstrated X, X and X, when compared X. Work History Critical Demands included X must be able to X and X occasionally and X of X, X, X, and X or X. Work involved X of X and X, which might include X and X, X, X, X, X and X; X. X / X environment with X. X must be able to X, X and X, X and work with X and X, which were essential aspects of this position. The X score noted X. X of X noted X was X, X was X, X was X, and X was X. X noted X was X, X was X, and X was X

and X. X demonstrated the X and X, which X. X had shown a X. On X, X of the X showed X, X, X, X or X identified at this time. An X of the X dated X showed X or X and X. X dated X showed a X and X. An X of the X dated X demonstrated a X at X causing X and X. The X measured X in X along the X. X / X at X, X causing X and X. The X in X along the X. X at X, X of the X. The X in X along the X. X at X causing X. The X in X with X. The X was X / X. On X, X was X.

Treatment to date included X, X, XX, X, and X. Per utilization review dated X, X, MD denied the request for X. 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 recommended as an option, depending on availability of quality programs. It is recommended for those who have a X that X which generally X. Treatment is not supported for X and demonstration of X, documenting both subjective and objective functional improvement. X should be X treatment X, X. The entirety of treatment should not exceed X, not to exceed X. In this case, a request for X, X, X was made. Although it was reported that X did X; however, X, along with a X, was holding X which X needed to X and complete X necessary X. Also, the patient was still X and X, related to the X and X. Furthermore, guidelines indicated that upon completion of any X including X, neither re-enrollment nor repetition of the same or similar X is medically X. X were not established." On X, X has a X with X, MD for X, which X since a X that occurred on X. X reported that on X was X and was X. X did X, but felt X and X. Immediately after X injury, X developed X and a X. Initially, X were X and X but X stated that the X has X, but X continued to have a X that was at the time at an X. X had significant X and X after X injury. For the X after X injury, X also had problems with X, but X stated that this had X. X also developed X, but this had X. X was concerned because X had X and X did not suffer from X to X. X continued to have X. After X injury, X was tried on X but it made X. X also tried X, but it caused X. X was at the time taking X, but it only helped the X. X had a X on X, which was X for evidence of X. X had a X on X, which showed X from X. On examination,

X were X and X. X, X and X showed X in all directions. X to X. The X was X, X was X. Other X were X. X showed X. X and X were X. There were no X. X was X or X. X showed no X. X to X and X. X had X. X was X with ability to X and X and X. Per reconsideration review dated X, X, MD denied the appeal for X, X. Rationale: "Per evidence-based guidelines, the entirety of treatment should not X, not to X, X. A reassessment after X should determine whether completion of the current program is appropriate or whether other alternatives should be considered. In this case, after the X, X demonstrated improvements in X, X, and X from a X, X noted X, X was X, X was X, and X was X. X noted X was X, X was X, and X was X and X. There was a previous adverse determination whereby the request for X, X was non-certified. An appeal request for X, X was made. Although there is report of X, there was no X or interval office visit submitted to identify efficacy from prior program. Clarification is needed for the X to validate if request did not exceed the guideline recommendation of X. Primary Reason(s) for Determination Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Although there is report of X, there was X or interval office visit submitted to identify efficacy from prior program, Clarification is needed for the X to date to validate if request did not exceed the guideline recommendation of X. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Although there is report of improvement, there was no comparison examination or interval office visit submitted to identify efficacy from prior program. Clarification is needed for the X to date to validate if request did not exceed the guideline recommendation of X. On X, X, MD performed an independent medical examination of designator doctor X examination. On X, examination at X referred to X, X and a X. X was X and X and X were diagnosed and X was released to X. On examination during this visit, the sensation to X and X was within X and X. X of the X, X, X and X was X. X of the X, X, X, X. X and X of the X was X. X of the X, X, X and X of the X was X. X of the X and X of the X was X. X of the X and X. X of the X and X. There were X

or X noted. There was X, X or X noted on examination. On X examination, X was X and X was X and X. X was X and X. The X was of X, X, and X. Thought processes were goal-directed. There was X or X. Thought Content was focused on the examination. X denied X or X or plans. X reported X memory was X. X for X was X, X was X. X was X. X was able to X with X. However this might be an X because X. X concentration was X. Insight and Judgment were X. X assumed that X problems were because of the X. X did not go to a X because there was X with X. X was X, X,X, X, X, X, X. Dr. X opined, "In reasonable medical probability, claimant is at X improvement X. The status chosen because the claimant's primary complaint was a X. On X, claimant went to the X. Complaint was a X. There is no evidence of any X. There was X on the date of injury. Imaging study on X showed X but the claimant was diagnosed with X instead. It is unclear why. MRI of the X was done X which again confirmed X. It is unclear why claimant was not given X. Impairment rating is X. Any X. Any X. X which persisted beyond X of X are better accounted for by documented X of the X and X of the X and X respectively." Per Case Summary Report / Utilization Review Determination dated X, X, MD certified the request for X under X. Rationale: "According to the Progress Notes by X, MD dated X, the patient presented X. The patient X and had X. The X were X. The pain started in the X and X. X described the pain as a X, X. The pain was associated with X. The pain X with X. X had tried X. On examination, X was X and X and X along the X. There was X. The X was X. Please note that there was X documented on this visit. Per treatment plan, the patient was to X, X. The patient was scheduled for X. X was to continue X, X as directed. The current medication documented included X, X. The current request is for X. Per evidenced-based guidelines, X is indicated for X. In this case, the patient complained of X. The X started after the X and had X. The X were X. The pain started in the X and X. X had tried X. A request for X was made. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is certified. The request is reasonable given the patient's symptoms and X. X signs and

symptoms are X. The procedure is X. The request is X and X. X signs and symptoms are X. The procedure is indicated for X.”

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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The total number of X completed to date is unclear. The submitted clinical records indicate that X to date, the X is only X. Designated doctor evaluation dated X indicates that the patient is not currently taking any X. The patient was determined to have reached X as of X. After this date, further material recovery from and X in question can 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)