

Becket Systems
An Independent Review Organization
3616 Far West Blvd Ste 117-501 B
Austin, TX 78731
Phone: (512) 553-0360
Fax: (512) 366-9749
Email: @becketssystem.com

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:
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 with a date of injury of X. The mechanism of injury was detailed as X, which required X to X and X. X was diagnosed with a X,X,X.

X was evaluated by X, MD on X for a follow-up X and X. The pain was described as X. It was rated at X. X noted a X the X associated with X. The pain was X, X, and X. X reported X that caused X. X noted X with X. X noted X symptoms X and X. Examination of the X revealed a X. X was X.

An X dated X revealed X and X, X, and X and X.

Treatment to date included X, X, X, and X and X.

Per a Utilization Review decision letter dated X, the request for X was denied by X, MD. Rationale: "Regarding the request for X and X for X, the Official Disability Guidelines recommend X as an option to X and X. The guidelines specify that X must be documented by X and corroborated by X and / or X. There also needs to be evidence that the patient had been X such as X, X, X, X, and X. The claimant was evaluated for complaints of X that X and the X. The X noted X and X However, there was no clear X and X prior to X. A plan for X following the X was not noted. Therefore, the request for X and X is non-certified."

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "The Official Disability Guidelines were referenced and state that a request for an X in a patient with X must be corroborated by X and when appropriate. X, unless documented X, X and X support a X requires additional documentation of X associated with X of X. In the clinical record submitted for review, the request for X was initially non-certified. Although the physician documented additional indications listed in the guidelines including X, X. X and X at the clinic visit, there was a X of documentation of benefit or not of the X on X that would X the request. In addition, there continued to be a X of documentation of an X following the requested X that was recommended in the guidelines. X called and spoke to Dr. X about the claimant. The claimant has X that X. The claimant had been taking X, X, and X and had also taken X and continue to have X and X. The claimant had X with X. The X did reveal X and X and X. The plan was to proceed with X and X and a X after the X. While the additional information was beneficial in supporting the requested service, given that there was no additional clinical documentation to corroborate with the peer-to-peer discussion, authorization cannot be given at this time. As such, the request for X is non-certified."

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

X agree with the conclusion to support the decision as there is insufficient documentation were fine X or a X in place. X are a treatment an option to X and X. However, the guidelines specify that X must be documented by X and X and / or X. There also needs to be evidence that the patient had been X such as X, X and X. This is not noted in this case. Therefore, the request for X and X is not medical necessity.

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)