

Becket Systems
An Independent Review Organization
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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 with a date of injury X. The mechanism of the injury was not included in the medical records. X was diagnosed with X.

X was evaluated by X, MD from X through X. On X, X presented for X. X was status post a X on X for X. X stated that X was doing X since the prior visit. X was X and stated that X continued to be X. The X was rated at X with X, but it went X with X. Examination of the X revealed X and X. X revealed X of X and X of X. Treatment plan was to proceed with a X and X. On X, X presented for a follow-up. X stated that X experienced X

since the X. The X was X by X. X denied any X. The X was X without signs of X. On examination of the X, there was X. X and X were X. X revealed X of X. Dr. X opined that X symptoms were X to continue X with X. On X, X presented for X. X stated that X continued to X with X and X wanted to X. The X examination revealed X. X of the X revealed X of X. X was X due to the X. Dr. X recommended a X with X vs. X.

Treatment to date included X.

Per a Utilization Review dated X, the request for X was denied by X, MD. Rationale: "Per ODG, 'X: X shows X of at least X without X.'" Per ODG, "X: X (X, and X or X), AND X, X, or X shows X (X)." In this case, the patient has X on X. However, there is X provided and no documentation of conservative methods X. Therefore, X is not medically necessary."

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Based on the provided documentation, the claimant was diagnosed with X. Examination of the X revealed X - not able to perform evaluation. X, testing is X due to X. However, X of the X was not provided for review. X is required in order to substantiate the medical necessity of the X request. Therefore, medical necessity has not been established."

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

The ODG supports a X for X when there is X and an X to X the X, X, X, and X. X is optional for those less than X. The ODG does not generally recommend a X but states that it might be considered as a X for X. In this case, the worker has X and X despite prior treatment with X, X, X, X, and prior X. While the prior reviewer indicates that X of the X was not provided, the clinical documentation states that a X was performed on X and is consistent with a X of the X with X of the X and X to the X of the X consistent with a X. There is X of the X and X. The X is X to X, consistent with X. In this clinical scenario, the worker has a X in the setting of X. There has been exhaustion of appropriate conservative measures. Proceeding with definitive X would be appropriate and standard of care to X. As this is a X, the determination for a X versus X

would be appropriately made at the time of X. Based on the available information, X, X, X (X, X, X) is 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)