

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:

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 sustained an injury on X. X was X. When X did so, X. The diagnoses included X.

X was completed by X on X documenting X had not X but was X to X. On X, X was evaluated by X, for X. X reported X. The pain was described as X and rated X. It was X with X. It was X with X. The X included X. On examination, there was X. X was seen by X, on X. X reported X. On examination, there was X. On X, X was reevaluated by Dr. X. X reported X.

X of the X on X. There was no X noted. X was X. The X was X. No X was noted. X were X.

Treatment to date included X.

Per peer review by X, MD on X, and a utilization review letter dated X, the request for X was non-certified. Rationale: "The claimant was X on X, and has X. The claimant had complaints of X. The objective findings noted X. The medical treatment guidelines recommend X. In, that, the claimant X exceeds the guideline recommendations. There were no provider notes submitted for review, only the X notes were provided. Additionally, there was no objective documentation or X. The medical treatment guidelines note X. Therefore, the request for X is not medically necessary."

Per peer review by X, MD on X, and a utilization review letter dated X, the request for X was non-certified. Rationale: "In this case, the claimant has X. X is X. X has X with X. X has X. Guidelines support X for X. However, due to TX law and inability to get an agreement with the physician. This case is noncertified. Therefore X is not medically necessary."

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

The ODG supports X for X. The documentation provided indicates that X on X. The X has X. A recent evaluation documented X. X was X. There is a request for X. Based upon the documentation provided, X would X, and the current request exceeds guidelines. As such, X recommend it for noncertification.

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)