

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 with date of injury X. X was injured in the X. The mechanism of X. The assessment included X.

On X presented to X, MD with X. X reported X and X. The X and had X and X. An X had been X. X had X. X also X and X. X had X. X was X and X. X had X, but X. X and X. On examination of the X. There was X. There was X. X and X. There was X and X. X demonstrated X. There was X. X, and X were X. There was X at the X, and X. There was X. X were X. X on the X. An X and X. Per Dr. X.

Treatment to date included X.

Per a Physician Advisor Determination dated X by X, MD, the request for X was non-certified. The clinical rationale was as follows: “The ODG recommends X. The ODG recommends X. The ODG recommends X. The provided documentation X. the X included X. The provider indicates a X. They indicate an X. As there is a X, the X. While there is X. As such, the X. As there is an X and there are X is not supported. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains non-certified at this time.”

Per an undated appeal letter by X, X had been approved for X. However, X had X. Although X was X, there was X. X was injured in the X. The mechanism of injury was a X. Per X were X. At the time of injury, X. This likely X. This X. Per X and X. Therefore, X. This was X. X did have X. However, X continued to have X. In addition, X by Dr. X on X. X that it was medically necessary for X. Due to the X.

Per a Physician Advisor Determination dated X by X, MD, the appeal for X was non-certified. The clinical rationale was as follows: “The request for X. The request for X. ODG states that X, which is not the case here, but Dr. X and Dr. X specifically wanted to X. The lack of X. There is X. That is incorrectly reported in the clinical notes, but not in the X and Dr. X. X discussed this concern about the X with Dr. X, but X. X did not get a call back from Dr. X to modify the request.”

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

In review of the clinical records, there were X as requested. No other clear indications were evident in the records to support proceeding with X requests. Therefore, it is this reviewer’s opinion that medical necessity is not established for the requested X.

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)