

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: @becketsystems.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 who was injured on X. X missed X, and X to X. The diagnoses were X.

Per X encounter with X, MD, X had X that was rated X. X continued to report X. X had to X. X had attempted X and X. X symptoms had X. On examination of the X, there was X. No X or X was noted. The X showed X. The X showed X. X test showed X. X medications were X. An MRI of the X dated X identified X.

Treatment to date consisted of X.

A utilization review was performed on X and determined that the request for X was denied. Rationale: "Per evidence-based guidelines, X is indicated after X. The patient had X that was rated as X. There was X. However, subjective and objective findings based on examination were insufficient from the guidelines recommendation in order to support the X. X evidence of at least X in the imaging study was not fully established. The objective response of X was not fully established prior to X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes."

On X, per Notification of Reconsideration Adverse Determination, the appeal request for X was denied. 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 indicated after a provision of conservative care in conditions with pertinent subjective complaints and objective findings corroborated by imaging. In this case, the patient had X that was rated as X. There was X. A request for X were made. However, the subjective and objective findings based on examination were still insufficient from the guidelines recommendation to fully justify the need for X. Also, criteria for X such as conventional X were not completely established. Although patient has MRI study for the X, there was no actual conventional x-ray records submitted that shows X. In addition, the objective response of X was still not fully established prior to proceed to X. Moreover, patient is yet to have X. Clarification is still needed regarding the entirety of the request and how it might affect the patient's clinical outcomes.

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

The ODG recommends at least one year of conservative treatment prior to X unless X. The ODG recommends X. The ODG recommends X for the treatment of X. The provided documentation indicates the worker has X despite X. The X findings include X. X findings include X. There is still no evidence of X to support overturning the two prior

denials. As such, the recommendation is to uphold the prior denials for X as medical necessity is not established.

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)