

Becket Systems
An Independent Review Organization
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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 who was injured on X. The mechanism of injury was not available in the records. The diagnosis included X.

On X presented to X, X for X. X was having more X and X due to the X. X was started X for X In X and X, but X were still X. X was using X, but X. X was advised to try X. X doctor started X on X recently and X did feel that X. X did X. On examination, X showed X, but a X. X was X; there is X. There was X; X was starting in X. X showed X over the X. X was X. X was performed: X. X was X was X. An X was performed. The X and X was made to the X. The X. X was X.

Treatment to date included X.

On X, the request for X was certified. Rationale: The requested X is indicated at this time. The evidence-based guidelines stated that a programming session should be performed so the provider can determine if the claimant requires an X and note important information regarding the X. A X should be performed at a X and a X. A review of the available medical records reveals that the claimant had utilized X since at least X with significant benefit to manage X and X. At the most recent X office visit, the claimant reported a X and denied X. Therefore, it would be reasonable to allow for a X under ultrasound guidance to ensure X. Based upon this discussion, the request for X is certified,”

Per Utilization Review dated X, the request for X was non-certified. Rationale: “While the most recent reporting indicated the claimant had X, the requesting provider has not submitted any updated clinical information. Without updated documentation regarding the claimant’s present complaints, examination findings, and recent history of care, it is impossible to determine if the requested medication is indicated. Texas regulations do not allow for information requests. The request for X is non-certified.”

In a letter dated X, X, MD stated: “Per the Official Disability Guidelines (ODG), continued X is a reasonable and necessary form of continued care for X. In addition to the X, X does receive X. The X that delivers the X requires X and is medically indicated given this X.

On X, the Appeal Review Determination non-certified the prospective request for X. Rationale: “The most recent examination findings are from X. Considering that recent subjective and objective clinical findings are unavailable and information requests are not permitted in this jurisdiction, medical necessity for a X has not been established. Hence the request for X to include X is non-certified.”

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

Medical records were reviewed. A review of the available medical records reveals that the claimant had X since at least X with significant benefit to manage X and X. As the patient has X with X is supported as 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)