

**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](mailto:@becketsystems.com)**

***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 who was injured on X when X was X and it X. The diagnosis was X, X, X, and X.

On X, X, MD evaluated X in a follow-up. X presented for evaluation of X. X symptoms were referred into the X. The pain had been present for X, and X described the pain as X and X. It was X, X. Associated symptoms included X. X and X reviewed in clinic showed X and X, and X. An MRI of the X taken at an outside facility was reviewed and showed X noted, and X. It was noted that X had X and X. X was involved in a X and X. X continued to have X and X. It was noted X had X. X had been medically managed on X and X with X. However, X noted that when X had

previously been on X, X was more X. Dr. X opined that given X patient's signs and symptoms of X, X, and X, X would most substantially benefit from X. X would like to seek a second opinion regarding need for further X. Pain X for X had already been done and showed X had X or X that would prevent X from being anything other than a X. The assessment was X, X.

Treatment to date included medications X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Per evidence-based guidelines, X is recommended as indicated on a case-by-case basis as a third-line, last resort treatment for X in X, when all criteria are met. In this case, the patient continued to complain of X. X described the pain as X. It was noted that X had X including X. Given the patient's X and X believed that X would most substantially benefit from a X. The X showed that the patient had X for a X. X did not report a history of X. X predicted X was X, based on this evaluation. A request was made for X. Although there was X addressing X. However, the objective clinical findings in the most recent medical report was only significant for X. The X was X. X was X for X, X. X were X / X. X was X. and X were X. Moreover, X to the consideration of the request were not objectively and X. A most recent or an updated office visit with X by X deficits should be addressed. Clarification is needed for the request and how it might change the treatment recommendations as well as the patient's clinical outcomes. X were X."

Per a utilization review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "Per evidence-based guidelines, X is recommended as indicated on a case by case basis as a X, X for X, when all criteria are met. In this case, the patient continued to complain of X. X described the pain as X. It was noted that X had X. Given the patient's signs and symptoms of X and X and the X, the provider believed that X would most substantially benefit from a X. The X showed that the patient had completed the X. X did not report a X. X

predicted X was X, based on this evaluation. A request was made for APPEAL X. The request is NOT certified because the following criteria were not satisfactory: patient does not have X that is determined to be related to X as confirmed by examination and X; a X and X was not provided in the request; the X does NOT document all medical conditions, including those that are not X; the history and X did not address the possibility of other causes for X such as X and X values for the following were NOT provided; X; additional imaging in the X to assess for X or other X were NOT submitted; one of the following X was NOT provided; the X, X by an independent, X was NOT provided; a substance use X was NOT provided; the patient did not have any X; the X request did NOT include a plan to assess improvement in the following areas: X Objective measures of the patient's functional performance in the clinic X are preferred, but this may include self-report of X and can document the patient X through the use of questionnaires, X. The X request did not provide a plan to X. This includes the provider's assessment of the patient compliance with a X and X. The provider should also indicate a progression of care with increased X. For X, also consider return to X. In the peer-to-peer discussion, the requirements of the Guides were reviewed with the provider X. The deficiencies in the request were discussed, and the reasons for non-certification were given. Since a successful peer-to-peer conversation has taken place, no additional clinical information is expected to be provided. The documentation provided for this APPEAL request is either NOT significantly different from the original request OR does not adequately address the objections from the previous reviewer."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient would like to seek a second opinion regarding need for X. There are no significant findings documented on X. X throughout, X are X. X is X. There is no X. There is no documentation of recent or ongoing active

treatment modalities. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

***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)