

Becket Systems
An Independent Review Organization
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Notice of Independent Review Decision
Amended Letter
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 with a date of X. X sustained an injury while X. X was diagnosed with X, X.

On X, X was evaluated by X, MD for a follow-up and a X review. X complained of X and X. X had undergone X at X to X. X also had X for X / X. The pain was rated at X. It was described as X, but not associated with any X. On examination, X could X. X was X. X revealed X. X was X. There were X or X.

supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X is not medically necessary. The X is not supported therefore, the requested X: X is not medically necessary.”

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

The claimant has been followed for a history of X and X with X following a X. The claimant was also status X. X from X noted an X at X. There was X considered X per the X. The X noted X with a X. The X. This resulted in X and X. The X at the X evaluation noted an X and X. From the previous utilization reports, it is noted that Dr. X, who is the treating provider, agreed to obtain a X of the claimant. The available records did not include a X ruling out any X that could X. Further, the X did not detail any X consistent with the X on the X. X was evident at the X. Therefore, it is this reviewer’s opinion that medical necessity for the requested X and X 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)