

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:

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 an X who was injured on X. The mechanism of injury was not documented in the available medical records. The diagnosis was X.

X, DO saw X in follow-up on X for evaluation of X, which subsequently required X. There was also a X including X. X had specifically, X pain. X had X. On examination, the X was X and pain score was X -X, X, and X with X. X examination revealed X. X, does have X. The assessment was

X. A X was planned. The X on X had X. X was X, X, working on X. X still had some X. This was X on X of X.

Treatment to date comprised of X, with X; and X on X with X. Treatment also included X. X included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guidelines, X Chapter, supports X if there is demonstrated at least X pain relief for X. This injured X has had a X performed on X. Although there has been X with X, it was performed less than X. Considering the date of X as well as guideline recommendations, this request for X at this time is not certified. Recommend non-certification for the request for X.

Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: "Regarding the request for X. ODG by X recommends X for those with X and X when there are X related to X. X require X pain X with X for at least X. The claimant had a longstanding history of X, which X. X had X on X with X. However, no additional documentation was received indicating that there was X or X to support a X. The most recent progress note detailed X of the X. There are no exceptional factors to support extending treatment outside of guideline recommendations. As such, the request for X is non-certified."

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

A X on X with X. In the most recent note, X is able to X. X agree with the previous denials as no X are noted to consider X. Given the medical records provided, medical necessity for X is not established for 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
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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)