

Becket Systems
An Independent Review Organization
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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured on X. X sustained an X. The diagnosis was X. Per records, X was evaluated on X with complaint of X. X demonstrated X.X:X. X height: X: X change. X: none. X:X. X or X. Impression / summary:X. X was in X. Per records, X

presented to the hospital on X as a transfer from X. On X, the patient had a X. X reported that X had this procedure due to pain in X. Immediately X. As X worked more with X, X noted the pain to be X. Certain X. X reported that X. Pain was X. X was X. Examination demonstrated X. X demonstrated X. It was discussed that X had been having X. X was recommended. Per records, X was evaluated on X. X reported X. The pain radiated to X. The X constantly X. X reported X. X showed X. X did appear to have X. The provider recommended X. Per records, an X of the X performed on X demonstrated X resulting in X. X of the X dated X revealed X. Treatment to date included X. Per a peer review report / utilization review dated X by X, MD, the request for X. Rationale: "According to ODG, X. The provider is X. A recent peer review on X noted there was X. Furthermore, the patient is X. The medical necessity of X. Therefore, my recommendation is to X. "Per Physician Review Recommendation / Utilization Review dated X by X, MD, an Appeal for X. Rationale: "The ODG does not generally recommend X. In this case, the injured worker has a X. There were X. During the peer-to-peer process, X, PA, stated that there was X. There are X. There is X. In the absence of a X. Based on the available information, X. Therefore, this request is X. "Thoroughly reviewed supplied documentation as well as peer reviews. Agree with peer reviews that there X. While further X may be indicated, the particular use of X. X evidence to support the use of X. Patient's X may t X. X against X. Outpatient X, to include X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Thoroughly reviewed supplied documentation as well as peer reviews. Agree with peer reviews that there are X. While further X may be indicated, X. X to support the use of X. Patient's X may X. X against X. Outpatient X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF X**
- INTERQUAL CRITERIA**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**