

Becket Systems
An Independent Review Organization
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Notice of Independent Review Decision

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 a X who was injured on X. X was X. X subsequently complained of X in X into X and X. X also complained of X and X. X was diagnosed with X.

X was seen by X, DO on X for a follow-up. X was taking X. X was X. X was denied the X. An X of the X dated X showed X at X with X. The X started after X. X was immediately after and had X since then. X complained of X and X to the X and X. X had tried X and X with X and

tried X for the X and X. X was doing X and starting X with X. X was X and X. X was on X. X was constant with X down the X and X with associated X. X stated X, and X and X made it X. X was X with X. X appeared in X due to X. X was X. X was noted to be X in X. X was noted in the X. X was noted to be X. X was noted over the X and X. X was X over the X and X. X was X using X on X with favoring of X. The X of the X showed X to X. Per Dr. X, X had X so X was recommended. X performed on X was X. The plan was to proceed with X as it was medically necessary to X. Per an addendum dated X by Dr. X, the request for X had been denied as X had requested X. X was more X about the procedure and X as X was X and would have a hard time X for the procedure.

An X of the X dated X demonstrated X with X causing X and X at this X. Clinical correlation was recommended for a X. There was X with X.

Treatment to date included X.

Per a Utilization Review Peer Reviewer's Response dated X by X, MD, the request for X with X was noncertified. The rationale was as follows: "ODG supports the use of X if there is subjective and objective X findings in the requested X corroborated by X with X. Additionally, ODG support X in patients with X. Within the associated medical file, the patient has ongoing objective X findings at the requested level. Also, the X showed X. Additionally, X have X. However, regarding X, there is no evidence that the patient has X with the X. Therefore X recommending non-certifying the request for X."

A Utilization Review Peer Reviewer's Response was documented by X, MD on X indicating the request for X was non-certified. The rationale was as follows: "Per ODG X guidelines regarding criteria for X, "X must be well documented, along with X on X. X must be corroborated by X studies and when appropriate, X, unless documented X support a X diagnosis. A request for the procedure in a patient with X requires additional documentation of recent symptom X associated with X...X is not

generally recommended. When required for X, a patient should remain X.” In this case, there are X and X of X. Prior treatment included X. X are X due to a history of X have been tried. X findings are concordant, with a X extending to the X. However, as also noted on prior review, no indication for X is documented. The request for X is not shown to be medically necessary and upheld.”

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

The request for X is non-certified and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no documentation of completion of a course of conservative treatment for the X. The patient has completed X for the X and X, but it does not appear that a course of X has been directed at the X. There is a significant change in the patient’s clinical presentation from X to X, X. There is no rationale provided to explain these changes. On X are X. However, X on X there is X, X and X, X, X and X as well as X in the X. Given the documentation available, the requested service(s) is considered not 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)