

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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X sustained an industrial injury when X. X was diagnosed with X. On X, X was evaluated by X, MD for complaints of X. X level was rated at X. On examination, there was X. There was X. There was X. X was X. There was X. X test was X. X was recommended a X. On X, X visited Dr. X for complaints of X. X had X. X described the pain as a X. The X had X since X last visit. X used X. The X was X. X was scheduled for X. X was X. X stated X. The X examination showed X. X was X. X was X. X of X was noted. X was X. X was X. On X, X returned to Dr. X for a follow-up visit of X. The X was rated X. X complained of X. X stated the X. X was taking X. X stated that the X. X with X. X was X. X denied any X. X reported X could X. X denied X. Examination revealed X to be in X. There was X. The X was X. X test was X on the X. There was X. The X was X. X were X. X showed X was X. The X was X. The diagnosed included X. The ongoing X. An X of the X dated X showed X. X on X. X at X.X. There was a X was noted. X of the X dated X revealed X. There was X. The X was X. X was X. It was a X with X noted. An X of the X dated X demonstrated status

X. X or X. X with X. Moderate X at the X. X with X. The findings at X. There was X. There was X. The X at the X. There was X. The X at X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The principal reason(s) for X: The X does X. The clinical basis for X: The Official Disability Guidelines require X. The patient has X. There is X. The ODG states that X. A request for the procedure in a patient with X. The X, at X. This appears to be X as the X. The request is X. Therefore, my recommendation is to X. The principal reason(s) for X: The condition is X The clinical basis for X: X state that a request for X. The X reveals X. The available records X. The condition is X. X are X. The X exam X. The request is X. Therefore, my recommendation is X. Per a reconsideration review dated X by X, MD, the appeal for X. Rationale: "The principal reason(s) for X: The X examination findings and the X do X. The clinical basis for X: The ODG requires X. The X of the X does X. The X does X. The X examination does X. There is X. Therefore, my recommendation is to X: X (X). The principal reason(s) for X: The X examination findings X. The clinical basis for X: The ODG requires X. The X examination does X. The examination notes X. The ODG requires X. The ODG requirements for a X. Therefore, my recommendation is X. An appeal letter was documented by Dr. X on X. X complained of X. X was X. X was unable to do X. X would X. X had been X. The patient has X. There is X. The ODG states that X. The X examination findings and the X do X. In addition, the guidelines X. The X.

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

The patient has X. There is X. The ODG states that X. The X examination findings and the X do X. In addition, the guidelines do X. The 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 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
- 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)