# Becket Systems An Independent Review Organization 3616 Far West Blvd Ste 117-501 B Austin, TX 78731

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#### **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:

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#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:** X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured on X. X stated X injured the X. The diagnosis was X. On X, X was seen by X, MD for X. X sustained a work-related injury on X. X reported X was X. At the time, X was X. Examination showed X. There was X. X was X. X was X. The assessment included X. Dr. X thought that X would X. X was seen by X, MD on X for X. X was X. X was injured on X and X. X was X. X was X. It was described as X. It X. X had X. X had been given a X. X had X. X had an X, which showed X. Examination showed X. X was X. X was X. X had a X with X. X was X. X had X. The assessment was X. Diagnostic X. X was seen by Dr. X, MD on X for X. X the X. X was X. X was X. X had been X. X had X, which had X. X were X; they had been X. X had X of the X. Of note, X also had X. Examination showed X. X of the X was X. X was X. X also had X. X had X. The assessment was X. Dr. X appealed the X. In addition, a request was placed for X. A X evaluation was also X. An X of the X dated X showed X. There was a X. An X of the X dated X showed X. Significant X were noted. X was seen. X were either X. X was

seen. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Per the ODG, X. The records provided X. X circumstances are X. Therefore, the request X. "Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X. Rationale: "As noted in ODG's X. Here, the attending provider's documentation was X. X is X. ODG further X. ODG further stipulates that "X." Here, X, referenced above, is X. X is X. ODG further stipulates X. Here, however, the fact that the X. The request, thus, is at X."Thoroughly reviewed all records including X. However, as prior reviews note, patient also has X. Also, significant on X are X. X are X. Therefore the X

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

Thoroughly reviewed all records including X. However, as prior reviews note, patient also has X. Also, significant on X are findings X. X are X. Therefore 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
<b>☑ ODG- OFFICIAL DISABILITY GUIDELINES &amp; TREATMENT GUIDELINES</b>
$\square$ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
$\hfill \square$ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
$\square$ 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
$\square$ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
PANAIVIETENS

☐ TEXAS TACADA GUIDELINES
☐ TMF SCREENING CRITERIA MANUAL
$\square$ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)