

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketsystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/18/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Continuation Chiropractic Manipulative Therapy 2-3 x wk x 4 wks; Then 1-2 x wk x 4 wks

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

M.D., Board Certified Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**

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

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines  
Revised Texas outpatient non-authorization recommendation 03/09/12  
Texas outpatient reconsideration decision: non-authorization 03/15/12  
Request for pre-authorization 03/07/12  
Emergency department records including CT and MRI no date  
CT cervical spine 01/26/12  
MRI cervical spine 01/26/12  
Chiropractic notes 02/01/12-03/20/12  
Nuclear medicine bone scan whole body 02/10/12  
Request for pre-authorization 02/04/12  
Physician work activity status report and therapy appointment details 01/10/12-01/25/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female whose date of injury is 01/02/12. She was injured when the hood of a truck was opened on her, striking her on the left side of the back, shoulder/neck and head regions. She had therapy and medications, but her neck began hurting again on 01/26/12 and she presented to the emergency room where CT scan and MRI were performed. MRI revealed fairly mild degenerative changes of the cervical spine without any acute superimposed abnormality. CT scan demonstrated no fracture or acute osseous abnormality in the cervical spine; fairly advanced degenerative disc disease and mild spondylosis C5-6 and C6-7 with probable moderate bony spinal stenosis C5-6 and mild at C6-7. There was a non-specific sclerotic focus C5 vertebral body, metastatic disease not excluded. Whole body bone scan on 02/10/12 revealed no significant pathologic activity identified to correspond to the area of sclerotic change in the cervical spine. There is mild activity in the posterior mid cervical spine region on the left compatible with degenerative facet disease. There were no findings to suggest bony metastases. There was moderate activity present in the medial compartment of the right knee as well as the patellofemoral compartment. There is also moderate activity in the left patellofemoral compartment compatible with degenerative joint disease. The claimant was treated with chiropractic manipulation, and additional chiropractic

treatment therapy has been requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The claimant has completed 12 sessions of chiropractic care to date. The request as submitted exceeds current evidence based guidelines, and there is no documentation of exceptional circumstances that would warrant exceeding guideline recommendations. The reviewer finds there is not medical necessity for Continuation Chiropractic Manipulative Therapy 2-3 x wk x 4 wks; Then 1-2 x wk x 4 wks.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY 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)