

Becket Systems
An Independent Review Organization
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Information Provided to the IRO for Review

- Clinical Records - X
- Notification of Adverse Determination - X
- Peer Review Reports - X
- Notification of Reconsideration Adverse Determination - X
- Diagnostic Data - X

Patient Clinical History (Summary)

X with date of injury X. X was diagnosed with X, initial encounter (X).

X, MD evaluated X on X for a follow-up of X injury, which X sustained on the job on X. X continued to have pain and X at the X region. The pain was X. The pain level was X. X was not working at the time. On examination, X ambulated on the X avoiding the X region. There was X in the area with a X.

An MRI of the X dated X revealed moderate nonspecific X along the X aspects of the X within the X region involving an area X possibly representing a X considering the provided history of an injury.

The treatment to date included medications.

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Notice of Independent Review Decision

Case Number

Date of Notice: 08/05/19

Per a utilization review decision letter and peer review dated X X, MD, the request for X surgical evaluation was denied. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Furthermore, I spoke with X, XX (designee) The designee stated that the patient, as of X was still complaining of pain. Pain was worse with activity. The provider did an x-ray, and felt they needed to proceed with MRI. Patient has been treated with X. The patient has X and X even with X and X. Surgery is the last resort, it was stated. The patient has not had an X. The patient does not fully meet the criteria per ODG guidelines. Patient has elected not to X, which would not only be X but also potentially X. Due to failure to exhaust X measures, all of the above requests are not supported.”

Per a utilization review determination letter and peer review dated X by Dr. X, the request for X evaluation was noncertified. Rationale: “Based on the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced above, this request is non-certified. During the peer discussion, it was stated the patient pain over the X. The pain is worse with X, and X does not help, it is stated. The MRI shows a X. The patient was seen at X, but was not referred for X. After this discussion, the patient has not had enough non-surgical evaluations, in the form of X. In addition, the injury is X months ago, and it is unclear what the provider is treating. Therefore, the request for X Evaluation is not supported.”

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

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The ODG supports office visits for the evaluation and management of injured workers. The documentation provided indicates that the injured worker suffered an injury to the X in X and has had persistent pain despite X. An MRI documented a X along X aspect of the X. Given the persistent pain, the treating provider has recommended a surgical evaluation for the X. A previous request for surgical evaluation was denied as there not been a failure of all nonoperative treatment including X. However, the injury is X old and X of the X would be not possible at this time as it is X and X. It would be appropriate for the injured worker to have an additional valuation by a X for consideration of X as there has been a failure of non-operative treatment and the ODG supports office visits for the evaluation and management of injured workers. Given the documentation available, the requested service is considered 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

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- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

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For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.