

Becket Systems
An Independent Review Organization
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Patient Clinical History (Summary)

X with a date of injury X. X was initially injured in the course of X regular duties while X, but the specific mechanism of injury was not documented. The diagnoses included X.

On X, X was evaluated by X, FNP /X, MD for pain in the X. The pain began X. X was waiting to hear if the X was approved. X had ongoing pain rated X. X reported relief from the X, especially improvement in X. X was also struggling with X and would be scheduling X. X examination showed X. There was X. X had painful X. X was positive. There was no overt evidence for X on examination.

A CT myelogram dated X showed no further instability in X.

Treatment to date included oral medications X.

A utilization review was conducted on X, in which the request for X was certified. Rationale: “The requested X is appropriate at this time. A review of the available medical records reveal that the claimant had suffered from X. Considering that the claimant continued to suffer from X and received X, it would be reasonable to proceed with a X. Based upon this discussion, the request for X is certified.”

Per a peer review / utilization review adverse determination letter by X, DO dated X, the request for X was noncertified. Conclusion: “X is only

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recommended as a last resort for patients who were being treated for X. There is some reported evidence for the effectiveness of a X. Prior to use of this X, the patient must complete an X, especially for patients with constant pain and a history of X. Prior to X, there must be a successful initial trial. This requires at least X. This request cannot be authorized. The claimant had X. X had completed a X. However, there was no indication of X improvement in subjective pain. Therefore, the request for X is noncertified.”

Per a peer review / utilization review reconsideration letter by X, MD dated X, the request for X was denied. Conclusion: “X is only recommended as a last resort for patients who are being treated for X per the Official Disability Guidelines. Prior to the use of this X, the patient must complete an X, especially for patients with constant pain and a history of X. There must be X determined to be from X. Pre-operative X MRI should be performed to search for an organic cause of ongoing pain. Before X, there must be a successful initial trial. This requires at least a X improvement in pain as well as documentation of medication reduction and / or functional improvement. Documentation should also include whether any changes were made to pain medications. It is not recommended to facilitate the weaning of pain medications. Selection for this procedure should be done with caution as up to X of individuals do not have improvement and the rate of explantation is high within the first X years. The prior determination was appropriate. The claimant had X. However, there was no updated MRI demonstrating a lack of X. X had completed a X. However, there was no indication of a X improvement in subjective pain and the reported benefit was undefined. Given the high rates of failure of this procedure, care selection for usage is appropriate. Furthermore, the provider stated that the claimant was hoping to reduce X use of medication. This procedure is not indicated for the facilitation of weaning from medication. No written basis for appeal has been submitted and the prior rationale for non-certification has not been addressed by the

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requesting provider. Based on this discussion, the request for X is noncertified.”

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

This patient presents with X. The provider has now requested X. Two prior reviews have denied the request citing X. Upon review of the medical records, it appears that these two reviews are correct. The X appears to have been incomplete. While the patient reported X. This is the most important component of the X which the provider omitted to document. 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

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- 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

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.