

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

- Clinical Records – X
- Texas Workers' Compensation Work Status Reports – X
- Motor Nerve Conduction Study Reports – X
- Utilization Reviews – X
- Diagnostic Report – X
- Work Status Report – Undated

Patient Clinical History (Summary)

X is a X-year-old X with a date of injury X. while X was working as a X. X XX a X and then X was X and during that process X felt XX pain. X was diagnosed with X

On X, X was evaluated by X, MD for the complaints of X pain and X. X reported that X was able to X. The pain was described as X. The examination remained unchanged with the prior examination. The prior examination dated X showed decreased X. There was X area.

Electromyography (EMG) / nerve conduction study (NCS) report dated X showed normal study of the X with no evidence of X or X. The EMG / NCV study of the X on X showed severe X and severe X across the X. An MRI of the X dated X showed X that was superimposed on X, X. An MRI of the X showed X level.

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Notice of Independent Review Decision

Case Number: XX

Date of Notice: 07/01/19

Treatment to date included medications (XX), XX epidural steroid injection at XX (did not help), XX medial branch facet blocks (50% relief for five to six weeks), physical therapy (with minimal or no help), XX injection and home exercise program.

Per a utilization review determination letter dated XX, the request for XX XX XX / XX at XX and XX levels medial branch of the XX ramus on the XX, times one was denied. The clinical basis for denying those services or treatment was that a peer-to-peer discussion was not established. The Official Disability Guidelines indicated XX joint XX XX of the XX XX was under study, but approval of treatment should be made on a case-by-case basis when there was a diagnosis of XX joint pain confirmed by XX joint diagnostic blocks with documented improvement in pain and function. The provided documentation revealed evidence of XX XX pain.

Electrodiagnostic studies had ruled out radiculopathy. There was a conflicting information regarding the treatment response to previous facet blocks. The note from XX indicated there was no significant relief after the XX XX blocks, but the note from XX indicated there was at least 50% relief for five to six weeks with decreased pain, improved function, and decreased medication usage. In addition to the conflicting treatment response to the previous facet blocks, the physical examination from XX was limited to normal range of motion There were no abnormal objective findings documented. Based on the provided documentation, the request for XX XX XX / XX at XX, XX levels medial branch of the XX ramus on the XX times one was not medically necessary, thus, non-certified.

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Notice of Independent Review Decision

Case Number: XX

Date of Notice: 07/01/19

A letter dated XX indicated that the reconsideration request was denied / non-certified. It was determined that the Official Disability Guidelines indicated a XX XX XX XX treatment requires a diagnosis of XX joint pain as evidenced by adequate diagnostic blocks. Documents showed improved pain and function. As noted in the prior determination, the documentation provided for review had conflicting evidence about XX response to the diagnostic procedure performed. The clinical note dated XX documented no significant relief after the XX facet blocks. The office visit note dated XX documented greater than 90% pain relief with improved function after the procedure and 50% pain relief that lasted for five to six weeks. Clarification was needed regarding X response to the diagnostic procedure performed on XX as there was no new documentation provided for review to clarify the information. Additionally, the physical examination on XX failed to provide evidence of pain related to XX joint pathology to suggest ongoing symptoms. In agreement with the prior determination, the request for XX XX XX / XX at XX and XX levels medial branch of the XX ramus on the XX was non-certified.

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

This patient has a complex chronic pain presentation for which the workup and treatment has been thorough and evidence-based. Notably, a XX ESI was performed for XX XX in XX, but was ineffective. The provider performed a diagnostic XX medial branch block in XX. The first post-procedure clinical note clearly states that there was no response to the XX – the patient developed a headache after the procedure. A subsequent XX report states the opposite – more than 90% response to the XX followed by pain reduction for another 6 weeks (50%). Based on the first report, a XX XX procedure would not be indicated. Based on the

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second clinical note, an XX would be indicated, however. There are no additional notes that explain or clarify the discrepancy. So, this needs additional clarification, because this is a significant variance in clinical documentation accuracy. 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
- Texas TACADA Guidelines
- TMF Screening Criteria Manual

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- 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.