

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

- Physical Therapy Notes – X
- Clinical Records – X
- Texas Workers' Compensation Work Status Report – X
- Physician Advisor Reports –X, and Undated
- Appeal Letter – X
- Letter – X
- Physical Therapy Discharge Summary Note - Undated
- Diagnostic Data – X

Patient Clinical History (Summary)

X is a X-year-old X who was injured on X. X X X while working in a X. X landed in a X causing immediate pain. X was diagnosed with X.

On X , X was evaluated by X, PA-C and X, MD. X X remained intermittent, variable, and reproducible that was greater on the X . X rated the pain at X. Aggravating conditions X. Alleviating conditions X, X that were not reactive to light or sound. X had X pain. X reported having X X on the X greater than on the X since X. The X pain changed from X in an X pattern. The symptoms

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radiated along the X. Aggravating conditions included X. Alleviating conditions includes X. X had X pain since X in the same pattern of presentation as the X. The symptoms were X. X rated the pain at X. Aggravating conditions included X. Alleviating conditions X. Aggravating conditions included X. Alleviating conditions included X. X examination showed X throughout the arc of motion at the extremes of motion with X. X were negative. X examination showed X. There was pain with X, X from a X, extension ,X. Deep tendon reflexes in the X in the X were at X, in the X, and in the X.

An MRI of the X dated X revealed mild-to-moderate X. At X, there was X, which impinged upon the X. At X, there was broad-based X, X in location, the X, which impinged upon the X reaching and impinging / deforming the XX XX. There was X. There was moderate-to-severe narrowing of the X, which narrowed the X to as little as X. There was mild narrowing of the X. At X, there was a X with X X location by as much as X, which impinged upon the X reaching and impinging / deforming the X. There was moderate narrowing of the X, which narrowed the X of the X canal to as little as X. At X, there was a X, which impinged upon the X. There was mild narrowing in the X. At X there was a X with X in location by as much as X, which impinged upon the X. There was mild narrowing of the X. There was moderate narrowing of the X. x-ray dated X was negative for X.

The treatment to date included X.

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Per a utilization review dated X, the request for X was denied by X, MD. Rationale: “ODG-TWC X state that X must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic testing. Initially unresponsive to X treatment (X). Injections should be performed using fluoroscopy for guidance. Additional criteria based on evidence of risk levels X are not recommended higher than the X. In this case, the claimant has X pain. Pain level is X The claimant reports having X since X The symptoms radiate along the X which do not represent a X involvement. Examination reveals X. The range of X is painful. Recent examination shows no X at the requested levels. Also, the guidelines do not support the use of X at levels above X. Therefore, medical necessity of the request is not established. Recommend non-certification for X.”

Per a utilization review dated X, the request for X was denied by X, DO. Rationale: The Official Disability Guidelines does not recommend X but may be supported in select cases where there is documentation of X that is supported by X examination and X by imaging studies and has been initially unresponsive to X treatment including X and no more than one X level should be X in one session. The documentation provided for this review describes X pain rated at X as well as X pain, X. Additionally, an MRI of the X did reveal moderate-to-severe X as well as X, however, motor strength and sensation in the X is normal and pain in the X is rated at X on the most recent examination.

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Furthermore, there is no documentation of failure with X or X. Moreover, X are not recommended higher than the X with no compelling medical rationale provided to explain the benefit of this X outside the guideline recommendations. As such, the request for X is noncertified.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination. The Official Disability Guidelines note that X are not recommended based on recent evidence, given the serious risks of this procedure in the X, and the lack of quality evidence for sustained benefit. The Official Disability Guidelines specifically note that injections should not be performed above the X. If used anyway, the Official Disability Guidelines require documentation of X on X examination X by imaging studies and/or electrodiagnostic results. This patient's physical examination fails to establish the presence of active X test, strength throughout, X exam. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

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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
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

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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.