

# Becket Systems

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## Information Provided to the IRO for Review

- Clinical Records - XX
- Peer Review Reports - XX
- Utilization Reviews - XX
- XX XX Discharge Summary –
- Texas Workers' Compensation Work Status Report - XX
- Diagnostic Data Report - XX

## Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX with date of injury XX. XX was a XX XX XX whose symptoms started after XX on a tube of XX while going down the XX, and then slipping and falling. XX was diagnosed with XX (on) (from) unspecified XX and steps, subsequent encounter (XX); XX XX XX syndrome (XX); XX of XX, XX and XX of XX XX, subsequent encounter (XX), and contusion of XX XX and XX, subsequent encounter (XX).

On XX, XX XX, DO evaluated XX. XX for low XX XX radiating to the XX posterior XX. The XX was aching and dull in type. The XX was rated at 6/10. XX reported that XX was seen on XX with XX XX, XX XX XX, XX, and feeling XX that started in the waiting room. XX was referred to the emergency room. XX reported XX had a XX XX from a XX XX and had a XX placed at XX XX later that day. XX was subsequently hospitalized for XX days. XX took XX and XX at the time. XX was under the care of a XX. Regarding his XX XX, XX continued to have XX over the XX XX, XX greater than XX. XX stated the XX was intermittent and worsened with standing and leaning forward. XX also noted XX radiating along the XX aspect of the XX XX and XX XX to the XX XX. The radiating XX occurred four to five times per month. The symptoms were primarily XX-XX mediated. XX took XX I and XX at the time. XX had stopped XX #4. XX took XX and XX for XX . XX had XX, which had increased his XX XX XX. XX was on XX for the XX XX XX. The XX examination XX , XX greater than right and XX with extension and XX loading to the XX.

XX of the XX XX dated XX showed XX XX levels with spurring of XX , multilevel XX , status post a XX XX , XX changes in the XXXX , and no apparent XX . An MRI of the XXXX dated XX revealed large XX XX , XX I, and XX I XX and XX resulting in moderate XX with effacement of the XX XX zone and XX of the traversing XX XXXX . There was also significant XX XX with disc material abutting the XX segments of the XX XXXX . There was mild / XX and XX XX at XX , moderate XX, and moderate XX XX at XX.

The treatment to date consisted of medications (XX ,XX); XX therapy; XX XX XX XX on XX with 80-90% relief of the symptoms for about four days and it returned XX to his usual baseline, XX XX on XX with 100% relief of the low XX XX symptoms, which lasted for about a week; however, significant relief of XX XX symptoms in his XX XX XX; XX XX XX injection on XX with 10-15% relief; and XX in XX, which was revised in XX and XX.

Per a Peer Review Report dated XX by XX, MD and utilization review determination letter dated XX, a request for XX , and XX XX 2 XX XX level) was non-certified. Rationale: "The request for XXXX , and XX XX (2 XX XX level) is not medically necessary. The history and documentation do not objectively support the request for XX XXXX . The ODG state "Criteria for the use of diagnostic blocks for XX "mediated" XX: Clinical presentation should be consistent with XX XX XX, signs and symptoms. 1. One set of diagnostic XX is required with a response of XX%. The XX response should last at least 2 hours for XX . 2. Limited to patients with low-XX XX that is non-radicular and at no more than two levels bilaterally" In this case, the claimant has XX XX and the nature of the XX is unclear but XX had XX likely for radicular XX / radiculopathy, which did not resolve. There is no evidence that the claimant has been advised to continue an XX . The medical necessity of this request has not clearly been demonstrated. A clarification was not obtained. Therefore, the request for XXXXXX , and XX XX (2 XX XX level) is not medically necessary."

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## ***Notice of Independent Review Decision***

Case Number:

Date of Notice: 05/22/19

Per a Peer Review Report dated XX XX , MD and utilization review determination letter dated XX, a request for XX XX (2 XX XX level) was denied. Rationale: "The request for XX 2 XX XX level) is not medically necessary. The ODG 2019 supports "diagnostic XX if there is low-XX XX that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (XX ) prior to the procedure for at least four to six (4-6) weeks, and no more than two XX levels to be injected in one session to support the medical necessity of a XX XX XX injection /XX ; and no previous fusion procedure at the planned injection level." Within the medical information available for review, there is documentation of a request for XX XX block (two XX XX level). Additionally, the claimant has XX, XX , and XX ; however, there is evidence of subjective findings of radicular XX. Therefore, the request for appeal XX XX (2 XX XX level) is not medically necessary."

### ***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 XX : XX XX XX XX/sacral 1 level; one unit XX : XX XX XX XX/sacral 2 level; one unit XX Transportation Services Including XX : Observation care discharge; one unit XX :XX , established; one unit is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that the requested procedure is limited to patients with low XX XX that is non-radicular. The submitted clinical records indicate that the patient complains of XX radiating along the medial aspect of his XX thigh and XX leg to his XX XX. There is no documentation of a formal plan of additional evidence based conservative care in addition to the requested procedure. 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
- DWC-Division of Workers Compensation
- Policies and Guidelines European Guidelines for Management of Chronic Low XX XX
- 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.