

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

X who was injured on X while X. X was diagnosed with X. X was evaluated by X, DO on X, for X. X had undergone a X. At the time, X reported that the pain had returned to X. X continued X. The pain continued to be X. The pain was described as X. The pain was rated X. X took X. On examination, X was X along the X. X had improved and was pain-free with X. The plan was for X.

An MRI of the X dated X, demonstrated X.

Treatment to date included medications (X).

Per a Utilization Review Determination Letter dated X by X, MD, the recommended prospective request for X was non-certified. 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. Per evidence-based guidelines, X are recommended as a X. X should require documentation that X. In this case, the patient complained of X. The pain was rated as X. On examination of the X, the X was X. The X. X had received X. A request for X was made. Although the patient reported X, documentation of improved function could not be established, as there was no other office visit submitted for comparison. In addition, guidelines stated that X is better supported with documentation of decreased medication requirement after the previous procedure; however, this was not evident in the medical reports submitted. Furthermore, guidelines indicated that X is not generally recommended.

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Moreover, it was not clearly indicated that X. Exceptional factors were not identified.”

Per a letter by Dr. X dated X, X had obtained excellent results with X. Dr. X peer to peer discussion with the reviewing physician was less than one minute and was not extensive enough to allow X an opportunity to address any of X concerns. It seemed to X that the physician reviewer had already made up X mind, regarding this case and the telephonic call with X was a formality. X requested reconsideration of this denial of care.

Per a notification of reconsideration adverse determination letter by X, MD dated X, the recommended prospective request for X was non-certified. Rationale: “The guidelines require objective evidence of X. There were no electrodiagnostic studies submitted for review documenting X. The physical examination did not note objective evidence of X. There was no notation after the X. The case was discussed with Dr. X who reports that X were completed within the X, the last of which was X. Dr. X reports that the claimant is able to X. No more than X should be administered within a X. X is not recommended. The records do not reflect extreme X. The request for a X is not certified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. No more than X. The physical examination did not note objective evidence of X.”

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

The Official Disability Guidelines discusses indications for X. X are generally recommended early in the course of an injury in order to facilitate initial active functional restoration. The guidelines do not generally recommend X as likely to be meaningfully effective in a chronic setting such as presently. Given the documentation available, the requested service(s) is considered not medically necessary.

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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
- 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

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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.