

**Becket Systems**  
**An Independent Review Organization**  
**3616 Far West Blvd Ste B**  
**Austin, TX 78731**  
**Phone: (512) 553-0360**  
**Fax: (512) 366-9749**  
**Email: [manager@becketssystems.com](mailto:manager@becketssystems.com)**

***Patient Clinical History (Summary)***

X who was injured on X. The biomechanics of the injury was not available in the medical records. X was diagnosed with X.

Per the adverse determination letter dated X, based on the office visit noted dated X, X was seen for a follow-up evaluation regarding X. There were no subjective findings documented. The physical examination reportedly revealed no change. X had X. X medications included X. X had undergone X. X previous treatment included medications like X.

The treatment to date included medications (X), X.

Per a utilization review decision letter dated X and peer review dated X, the request for X was denied by X, DO. Rationale: "In this case, there is no updated pain score, but the pain score has been X. Additionally, there is no indication that it is X. There is also no indication that it is providing any X nor does the attending provider (AP) provided any quantification of pain relief due to its use. Therefore, the request for X is not medically necessary."

Per an adverse determination letter dated X and peer review dated X, the prior denial was upheld by X, MD. Rationale: "Regarding X, Official Disability Guidelines (ODG) 2019 states, 'the efficacy and continued need for this X should be periodically reassessed and documented. For most patients, it should be used as part of a program to X According to the

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FDA, the manufacturer's manuals should be consulted for specific instructions and precautions for X. In this case, within the medical information available for review, there is documentation of a request for X. The request was previously denied due to no updated pain score, but the pain score has been X. However, there is no mention of improvement in pain and function as a result of the X. There is no documentation that the X is being used as part of a program to X. Therefore, the request for X was not medically necessary."

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

Given the documentation available, the requested service(s) is considered not medically necessary.

The records provided do not establish a clear indication of any X.

Continued use of a X should only be considered when improvement in functional abilities and decrease in pain levels is noted. In this case, the benefit is not clearly noted and until this is verified, the request should not be certified

### ***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

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- 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 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.