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Patient Clinical History (Summary)

X with a date of injury X. X was at work X. The X did not know X was there and X. It X. X immediately had X. The diagnoses were X.

Per a chart note dated X by X, MD, X continued to have X. A X was recommended. X also had X. X, PA evaluated X on X for X pain that began after an injury at work. On X at that time, X was noted to have X. X had been doing X. X continued to have X pain. X also had pain and X. On examination, X appeared comfortable and had X. There was no X.

An X of the X dated X showed X. An X of the X revealed X.

Treatment to date included medications X.

Per a peer review dated X by X, MD and utilization review decision letter dated X, the requested service of X was non-certified. Rationale: "ODG Online Edition, X Chapter, Updated X, X. Objective findings on examination need to be present. X test, X exams should correlate with symptoms and imaging." In this case, the claimant has complaints of X pain. An X report of the X dated on X revealed X as discussed above. However, a physical examination of the X does not indicate X, Therefore, medical necessity has not been established for the requested X."

Per a peer review dated X by X, MD and utilization review decision letter dated X, the reconsideration request for X was denied.

Rationale: “The patient is a X who sustained an injury on X. Prior treatment included medications. The patient had X. The patient’s medications were X. The patient was diagnosed with X. There was a previous adverse determination dated X, whereby the request for X was non-certified. According to the documentation submitted, the patient suffers from X pain, X pain, and X pain. In addition, there have been descriptions of pain X. The patient has been treated with X. The patient was initially improving and subsequently underwent some course of X for which the details were not provided. The patient has not been referred to a X. An X was performed early in the course of care that showed multiple findings in the X which by description was most significant at the X. The patient continues to have X pain presumptively in the X. There are no objective exam findings documented correlating to the X. The patient did not undergo any electrophysiological testing. In addition, although the request is for a X, the discussion for the consent appears to indicate that a much X is being performed. A successful peer-to-peer discussion with the physician assistant was made. The provider indicated that they acknowledge that there was still no objective finding correlating the X that correlate to the patient’s pain and X, but this was the most impressive X finding, which may be causing the patients subjective symptoms. The request for the X was also discussed. The documentation suggested a X. The physician believed that Dr. X only intended to do a X. The physician assistant also informed me that no referral has been made for an X. The request fulfills at least each minimum element of X.’ The request falls short in having an objective finding to X. Upon discussion, there was no indication to rationally resolve this absent piece of information, given the X on imaging and variable complaints of pain and X complaints. As such, the requested appeal, for X is not medically necessary.”

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

In review of the provided records, the claimant complained of pain in the X. X studies of the X did note a X. However, the clinical findings did not clearly document evidence of an ongoing X that would support

proceeding with X to include X. Therefore, it is this reviewer's opinion that medical necessity is not established.

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

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.