Becket Systems
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

☐ X

Patient Clinical History (Summary)

X with date of injury X. While working, X. X could X. X was diagnosed with X.

A X evaluation was performed by X, PhD and Dr. X on X. It was noted that since the work-related injury X condition had been preventing X from X. X symptoms appeared to be marked by X. X complained of pain in X. X reported that it could X. X reported that the pain was X. The pain was X. X rated an average pain level of X. X reported that the pain interrupted X. X and X or X could make the X. The pain kept X from doing tasks like X. X scored X, which was within the X; X, which was within the X; X indicating a X;X on Work Scale was X, which was X; and Activity Scale was X , which was X. X status examination showed that X was X. X was X as was X. X was X. X affect was X with X. Per summary, the pain resulting from X injury had severely impacted the X. X reported X related to the pain and X

in addition to X. The pain had reported X resulting in all X. X would benefit from a course of X. X should be treated daily in a X with both X and X as well as X. The X would address X current problems of X.

A X was performed by X, PT on X. During X testing X demonstrated X. X demonstrated the ability to perform X. The return to work test items X was unable to X. X demonstrated the ability to perform within the X. X was able to X. X. X. X were evaluated and X pulled X. X showed X demonstrated X.

On X, X was seen by X, MD. X complained of X. The pain X. X was able to X. The pain was described as X. It was rated X, at the X, and X. The alleviating factors included X. X were diminished in the X. The X test was X.

X x-ray dated X were X. An MRI of the X dated X demonstrated X.

The treatment to date included medications X.

Per a peer review by X, MD dated X, the request for X was denied. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the request is noncertified. There was X in the medical reports submitted that previous X. Actual X notes were also X.”

Per a peer review by X, MD dated X, the request for X was denied. Rationale, “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the request is non-certified. There is no documentation that the claimant X. X is unlikely to achieve X, but possible for X. X needs to clarify whether X.”

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

This patient is under consideration for a X. The documentation shows the history, diagnostic workup including X. This patient has X. A X would X. Two prior utilization reviews denied this request citing the lack of X. However, the medical record reviewed showed X notes and documentation that indicates that X. Given the documentation available, the requested service(s) is considered medically necessary.

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.