

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. X stated X reportedly X. The diagnosis was X. X was seen by X, MD on X for evaluation after a work-related injury that occurred on X, where X. A CT scan had revealed X. X stated that X. X stated X. X did report some X. Examination noted a X. The X examination was X. Possible X was assessed. On X, X was seen for X. X reported X. X stated X continued to have X. X had not started X. X continued to have X. The X examination was X. X body mass index (BMI) was X. An MRI of the X performed on X showed X. There was X. X appeared somewhat X. There was X. X. Treatment to date included X.

Per a utilization review letter dated X by X, MD, the requested service of X was non-certified. Rationale: "Regarding X. Information generated includes X. X is not generally indicated in the X. Following initial X. If there is X. In this case, the submitted report notes that X. X reported a X. X also

reported that X. However, there is X. There is X. Non-certification is recommended for X.”

On X, Dr. X documented a letter to appeal the denial of the X.

Per a utilization review appeal determination letter dated X by X, MD, the requested service of X was non-certified. Rationale: “Regarding X. Information generated includes X. X is not generally indicated in the X. Following X If there is X. In this case, on X, X reportedly X. X reported having X. A CT of the X demonstrated a X. The X following the injury, X reported X. currently, X reports having X. X denies X. The provider is requesting X. However, there is no documentation of X. X has X. Given these reasons, the medical necessity of the requested X is not established. Non-certification is recommended.”

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

X. The claimant does not meet any of these indications. X is considered not medically necessary as there is X.” X are medically necessary for this claimant’s condition. Given the documentation available, the requested service(s) is considered not 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.