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

X with date of injury X. X was injured on the job when X was X. X was diagnosed X.

Per an operative report dated X, X underwent X examination of the X. The preoperative diagnosis was X. The postoperative diagnoses were X. The procedure was performed by X, MD.

On X, X was seen by Dr. X for the X evaluation. X was X. X had started X and was making very good progress. X examination showed X which was improved. X had X sign, but significant X present. There was mild X noted at the X.

An MRI of the X dated X revealed a X. There was associated X.

Treatment to date consisted of medications X.

Per a utilization review determination letter dated X by X, MD, the 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, the X is recommended as indicated for X. In this case, the patient was X. A request for X was made. However, per guidelines, X is not recommended following X. Given this finding, the current request is not supported. There were no exceptional factors noted."

A utilization review determination letter dated X by X, MD, the appeal 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. Clarification is needed with regards to the request as it was noted that the patient had already been using a X and was compliant with it. In addition, in the most recent office visit, the examination of the X revealed X noted. Moreover, guidelines stated that X is not recommended following X. Clarification is needed regarding the request and how it would affect the patient's clinical outcomes. Clear exceptional factors are not identified. Therefore, the previous denial is upheld.”

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

The ODG does not recommend use of a X following X. Based on the clinical documentation provided, the injured worker underwent an X. There were no extenuating circumstances documented that support the need for a X. They have been making progress in X, and there is no suggestion of X. As such, a medical exception to the guidelines to support a X is not warranted. 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.