

Becket Systems
An Independent Review Organization
3616 Far West Blvd Ste 117-501 B
Austin, TX 78731
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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 who was injured on X. X injured X. The diagnosis was X.

X presented to X, PA on X for a follow-up of X. X described the X. The associated symptom was X. On examination, X was X. X had an X. X refused to X. The diagnoses were X. The plan was to X.

A X progress note dated X was documented. The X. The X. The pain was X. The therapist recommended that X could continue X.

Treatment to date included X.

Per an Adverse Determination Letter dated X, the request for X was denied. Rationale: "The guidelines note X. The treating provider has

not documented the medical necessity of X. The claimant has not undergone X. The guidelines X. In addition, the request is for X.”

An Appeal Determination Denial dated X was documented. The request for X was denied. Rationale: “This is a noncertification of an appeal of X. The previous noncertification on X was due to X. The previous noncertification is supported. Additional records were not submitted. The Official Disability Guidelines would support X. There is X. There was X. There was X. The claimant has been certified X. X if recommended for those who require X. There is no clear indication as to why X. The request for an appeal of X is not certified.”

A Prospective IRO Review Response dated X indicated that, “The best way to get an injured worker back to work X. Currently, the claimant is allowed to X. Unfortunately, Dr. X was not available for peer to peer discussions during the Adverse and Appeal Determination Denials. Therefore, the performance of X who continues to improve and X is not supported and is not medically reasonable or necessary at this time.”

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

The ODG supports up to X. The documentation provided indicates that the injured worker complains of X. The injured worker has X. There is a request for X. Based on the documentation provided, the requested X would not be considered medically necessary as the ODG supports up to X. Additionally, guidelines only support up to X. There are no X is necessary X. As such, the request is not supported as 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
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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.