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 a date of injury X. X exited a X. X was diagnosed with X.

On X, X was evaluated by X, DO for X that was formerly treated with X. More recently, X. X. X was having X. X had X.

On X, X was re-evaluated by Dr. X for further care regarding X. Dr X tried to X. X felt that X pain was X. X rated the pain as X. The X was X. X affect was X. X was effectively treated with X prior to X whereby X. X was X. X had X. The X was X. X felt that the X. Dr. X recommended going ahead and trying to get approval for X. Otherwise, X. X intake X was consistent with those agents. X affect had been X.

Treatment to date consisted of X.

Per the Utilization Review report dated X by X, MD the request for an X was not certified. It was determined that the guidelines recommended the use of X. There was no indication that the X.

Per the adverse determination letter dated X by X, MD the request was denied. It was determined that X had been X. Guidelines would require at X. There was no record of trials of X.

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

The claimant had X. At this point, it would not be advisable X. Further, a X. Therefore, it is this reviewer's opinion that medical necessity is not established and the prior denials are upheld.

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.