**Becket Systems**
**An Independent Review Organization**
**3616 Far West Blvd Ste 117-501 B**
**Austin, TX 78731**
**Phone: (512) 553-0360**
**Fax: (512) 366-9749**
**Email: @becketsystems.com**

## *Notice of Independent Review Decision*
## *Amendment X*

**IRO REVIEWER REPORT**
**Date:**X;Amendment X
**IRO CASE #:** X
**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** X

**REVIEW OUTCOME:**

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

☐ Overturned Disagree

☒ Partially Overtuned Agree in part/Disagree in part

☐ Upheld Agree

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** • X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. The biomechanics of the injury was not available in the provided records. The diagnosis included chronic pain syndrome. On X, X was seen by X, PA-C /X, MD for pain management visit. X reported radiating back pain. X was initially injured at work in X. At that time, X underwent X. X subsequently underwent a X. X had improvement in X radicular pain though had been afflicted with chronic axial back pain. X reported that X back pain continued to fluctuate depending on activity levels, etc. X continued to have lower back pain with intermittent radiating pain down X legs, worse with prolonged standing and walking. Unfortunately, X. X continued to X. X was taking X along with X during pain flares which continued to help manage X pain so X was able to perform chores and cleaning around X house. Pain was described as aching, tingling, shooting and burning. At the time pain was rated as X, at worst it was rated as X. Pain relief with ongoing medication was X. Alleviating factors included massage, heat therapy, relaxation, distraction, opioids and needle. Aggravating factors included movement, stress, prolonged standing and walking. On examination, blood pressure was 110/80 mmHg, weight 239 pounds and body mass index 35.3 kg/m2. Limp was noted. X used a cane to assist with ambulation. Lumbar range of motion was decreased and pain reproduced with facet loading maneuvers. X was wearing a left knee brace. X was recommended to continue home exercise program. X were prescribed. Treatment to date included X. Per a peer review report dated X by X, MD, the request for X were all not medically necessary. Rationale for denial of X: “The request for X was not medically necessary. As noted in ODG's Chronic Pain Chapter X, one of the primary criteria for usage of X is that a claimant X. Here, however, the attending provider failed to furnish a clear or compelling rationale in favor of the decision to employ X. Therefore, the request for X is not medically necessary.” Rationale for denial of X: “The request for X was not medically necessary. While ODG's Chronic Pain Chapter X acknowledges that X is

recommended for those claimants who present with pain in a joint that is X. Here, however, the claimant's primary pain generator, the low back was not a superficial issue easily or readily amenable to topical treatment. Therefore, the request for X is not medically necessary." Rationale for denial of X: "The request for X, was not medically necessary. As noted in ODG's Chronic Pain Chapter When to Continue X, the primary criteria for continuation of X are evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the claimant's work status was not explicitly detailed on the date in question. The activities of daily living as basic as standing, walking, moving. and bending remained problematic. The claimant was using a cane to move about. The claimant had seemingly developed X. The attending provider failed to outline substantive improvements in function (other than minor, unquantified improvements in positional tolerances) achieved through prior care. The continuation of X was not indicated in this context. Therefore, the request for X is not medically necessary. However, due to the nature of this X, X is recommended. "Per a peer review report dated X by X, MD, the request for X was not medically necessary. Rationale: "The claimant is a X with a date of birth of X, and a date of injury of X. The injury is very remote and the duration of being prescribed this medication is not known. Given the advanced age of the claimant, routine long-term X is not recommended. Additionally, X use for breakthrough pain for nonmalignant diagnosis is not medically recommended given that the harms outweigh the benefits. Given that the claimant has nonmalignant pain, the recommended X for breakthrough pain is not medically recommended. Therefore, X is not medically necessary. However, due to the nature of X, X is recommended. "Thoroughly reviewed provided records including peer reviews. Patient with chronic pain issues with occasional acute flare ups. Patient does appear to respond to X during these flare ups. X also gets some benefit from X for more significant pain. Given prior success with these medications to help X function, the

requests for X appear warranted. However, use of X. X is medically necessary and certified. X is not medically necessary and non certified

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Thoroughly reviewed provided records including peer reviews. Patient with chronic pain issues with occasional acute flare ups. Patient does appear to respond to X during these flare ups. X also gets some benefit from X for more significant pain. Given prior success with these medications to help X function, the requests for X appear warranted. However, use of X is medically necessary and certified. X is not medically necessary and non certified
Partially Overturned

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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**
- ☐ **PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**