

Becket Systems
Notice of Independent Review Decision
Becket Systems
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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: 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 Overturned (Agree in part/Disagree in part)
- Upheld (Agree)

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Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who described the onset of low back pain that radiated to the right leg on X. X stated it started after X bent to help a patient back into bed. The diagnosis was chronic pain syndrome, vertebrogenic low back pain, sacroiliitis, and lumbar spondylosis.

On X, X was evaluated by X, MD, when X presented with low back pain that radiated to the right leg. X worked as a X and described the onset of pain on X when X was X. X described the pain as sharp and tingling. It worsened with walking, sitting, sleeping, and lying down and improved with changing positions and medication. It was associated with numbness and tingling in both feet without recent falls, saddle anesthesia, or bowel / bladder dysfunction. X completed X sessions in X without improvement in right lower extremity symptoms. X reported difficulty lying down and sleeping at night. X took X. X exercises aggravated X symptoms. X denied bowel or bladder incontinence. X continued to report low back and posterior buttock on the right that radiated to the side of the hip but stayed above the knee. X was scheduled for a X that was denied. X had also been denied. at the time, X presented to the clinic for a follow-up. X continued with low back and leg pain. X had X. X was scheduled for a hearing on X, but they were continuing to push it back. It was scheduled for X but was canceled again. X had a hearing in X, and it looked good for X, but the case was still ongoing. X treating physician sent X to a different X, Dr. X on X, who told X X did not qualify for X. Dr. X recommended a X for pain control. X had new imaging done and had brought it for review. X was being treated for depression and was feeling somewhat better with it. X requested medication refills at the time. Dr. X noted that Workers' Compensation had denied X requested by the surgeon. X pain score was X. Examination

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noted X. The assessment was chronic pain syndrome, vertebrogenic low back pain, sacroiliitis, and lumbar spondylosis. The X was increased. Regarding chronic pain syndrome, it was noted that X was a candidate for X. The treatment plan would include X. Severe chronic debilitating pain that was refractory to conservative measures would be evaluated / treated with advanced imaging, surgical consultation, and / or spinal cord / peripheral nerve stimulation, as indicated. Dr. X wrote as follows: "Patient reports posterior buttock pain consistent with X. Physical exam shows X. Home directed X. I recommend requesting the X. Depending upon the results of this X, the patient may be considered for an X. The risks, benefits, and alternatives of these procedures were discussed with the patient in detail using model, diagrams, and/or pictures. The risks of the procedure include but are not limited to bleeding, infection, no pain relief, increased pain, nerve injuries, need for further procedure, etc. Written instructions were also given. The patient understands the possible complications and wants to proceed. Indication for anesthesia: X."

An MRI of the lumbar spine dated X, identified straightening of the spine compatible with pain and / or muscle spasms; multilevel disc bulges and protrusions including annular tears at X. These were X. Additional details on a level-by-level basis were as follows: At the X level, there was left X. X were maintained. At the X level, there was X. X were maintained. The X level noted X. The X was X. At the X level, there was a X." There was an X. The X was X. X were maintained. The X level identified X. X were maintained. X were X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request

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for X was denied by X, MD. Rationale: “The Official Disability Guidelines state that X is generally not warranted as a X. The claimant presented with low back pain radiating to the right leg and continued to report pain in the low back and posterior right buttocks, extending to the side of the hip but remaining above it. The physical exam revealed tenderness in the X, rated X. The provider's treatment plan indicates the need for a X. In this case, the procedure was requested for X. There was no evidence supporting functional improvement or long term pain relief for low back or X. Guidelines do not support this procedure. Therefore, the request for a X is not medically necessary. Recommended for non-certification.”

Per an addendum dated X by X, PA-C, X was denied per X Workers' Compensation as they were calling this a “X,” but it was not submitted as such. X had not had this procedure prior; therefore, this would be considered a “X.” X stated X would resubmit for reconsideration with this clarification, as this would be appropriate and medically necessary to help control X pain.

Per a reconsideration review adverse determination letter and a physician advisor report dated X, the appeal request for X was noncertified by X, MD, with the following rationale: “The Official Disability Guidelines support X. This injured claimant had a continued back pain and X. There was a treatment plan for a X. The previous review did not certify this request, stating it was for a X. On physical examination, there was noted tenderness at the X. There was X. A decreased strength was noted at the X. The lower extremity sensation was X. An X was present and there was a X. A X were X. However, there was a request for X. It was unclear why these concurrent requests were made. Without additional justification and clarification, this appeal request for a X is non-certified.”

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Thoroughly reviewed provided records including provider notes and peer reviews.

Provider seeking X. Based on cited guidelines, said X meets criteria. However, if requesting a X. 1. X is medically necessary and certified. 2. 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 provider notes and peer reviews.

Provider seeking X. Based on cited guidelines, said X meets criteria. However, if requesting a X. 1. X is medically necessary and certified. 2. X is not medically necessary and non-certified

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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)**