

Becket Systems
Notice of Independent Review Decision

Becket Systems
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Notice of Independent Review Decision

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)

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 who was injured while working as a X. On X, X was driving for work when there was a X. X reported X truck rolled over, and X right arm was protruding out the rear window and stuck out, causing it to be lodged outward. X reported X was stuck in this position for around X minutes before X was assisted out.

The diagnosis was cervical radiculopathy, lesion of right radial nerve, chronic pain syndrome, and opiate analgesic use agreement exists.

On X, X was evaluated by X, MD, for neck pain that radiated down both arms to the hands. X described the onset of the pain as X. X was taken to the hospital and had x-rays and CT scans and was treated for lacerations on X right arm. X then presented to X upon X return to the X and was diagnosed with right radial nerve palsy. X described the pain as burning, shooting, stabbing, and sharp. It worsened with turning X head, activity, and lifting, and improved with changing positions and medication. It was associated with numbness and tingling in the hands as well and a right wrist drop without recent falls, saddle anesthesia, or bowel / bladder dysfunction. X was referred for evaluation by Dr. X under Workers' Compensation. X reported pain in the neck with lancinating pain down both arms after the MVC on the job. X also suffered right wrist drop and weakness. X was evaluated by neurology and had an EMG that showed X. MRI of the cervical spine at X showed X. X was evaluated by neurology and had an upper extremity EMG. X was also referred to orthopedics and had an appointment on X. X took X. X had been referred to X. On X, X presented for follow-up and reported continued neck and bilateral arm pain. X had seen orthopedics, and EMG showed X. The plan was to X. X also had an MRI of the cervical spine that showed X. Dr. X referred X to Dr. X who recommended X. They would discuss potential surgery depending on those results. X was scheduled for X on X. X took X X. The pain was rated X with X. Cervical spine examination revealed X. Upper extremity motor examination revealed X strength in wrist extension and X handgrip in the right upper extremity. Sensory testing of the upper extremities revealed X. The assessment was cervical

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radiculopathy, lesion of right radial nerve, chronic pain syndrome, and opiate analgesic use agreement exists.

An MRI of the cervical spine dated X, demonstrated X. The hardware integrity would be better assessed by CT scan or radiography. There was edema noted within the X. There were X noted of the X. Abnormal spinal cord signal noted at X. Mild enhancement to the left of midline at this level may also represent changes of X.

Treatment to date included X

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Regarding X, the Official Disability Guidelines (ODG) recommends X. These X were considered appropriate when specific criteria were met. The claimant needed to have experienced radicular pain for at least X. The X was to be X. Additionally, the claimant X. The X was deemed clinically appropriate, either as an X. The pain had to cause X. The procedure needed to be performed under X. Per the submitted documentation, the request is not warranted. The cited guideline indicates that X. The claimant needed to have X. The X was to be X. Additionally, the claimant must have X. The X was considered clinically appropriate, either as an X. The pain had to X. The procedure needed to be performed under X. In this case, the claimant was treated for X. They underwent X in X, with a X. Given the above information, the request was not supported because the claimant did not meet all the criteria in the guidelines' recommendations. It was not mentioned that the procedure was performed X. Hence, the request is not medically necessary. Therefore, the prospective request for X is non-certified.

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. The determination date was X. Rationale: "The prior non-certification in review X was based on the fact that it was not mentioned that the procedure was performed X. Based on the submitted documentation, the claimant sustained an injury while they were driving on the highway when a

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mechanical malfunction occurred on the drive truck causing it to roll over. They were diagnosed with radiculopathy of the cervical region, chronic pain syndrome, and opiate analgesic use agreement exists. The claimant was off work. Attempted treatments included medications including X. An upper extremity electromyography (EMG) was done on X which revealed X. An MRI of the cervical spine was done on X which revealed X. According to the progress report submitted by X, MD, dated X, the claimant reported neck pain rated X radiating down the bilateral arms to the hands, which was described as burning, shooting, stabbing, and sharp. The pain worsened with turning their head, activity, and lifting, while improved with changing positions and medication. The associated symptoms include numbness and tingling in the hands and right wrist drop and weakness. Examination of the cervical spine revealed decreased strength to X with wrist extension and X with right hand grip, diminished X right upper extremity sensation, and positive tingling in the left X. The treatment plan includes to start X. The provider is appealing the prior determination at this time. Regarding X, the Official Disability Guidelines state that the request is recommended for X. The injection must be performed at X. There must be a failure to respond to X. The procedure must be performed under fluoroscopic or CT guidance. Based on the submitted documentation, the request for a X is not warranted. The referenced guideline stated that the request is recommended for cervical radiculopathy by history in the presence of diagnostic imaging that correlates with the symptoms. Furthermore, the criteria for use must be met to qualify for the treatment requested. In this case, the claimant had neck pain radiating down the bilateral arms to the hands associated with numbness and tingling, weakness, X. There was the presence X in the presented MRI. Although the claimant's ongoing pain and paresthesia are acknowledged, the request is not medically necessary as there was no evidence of a X. In fact, the claimant is still yet to start with X. Furthermore, there was X. In addition, the prior non-certification in review X was based on the fact that it was not mentioned that the procedure was performed X. Therefore, the appeal request for X is non-certified.”

Thoroughly reviewed provided records including provider notes, imaging results and peer reviews.

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The patient had continued pain in X. Given corresponding imaging findings, request for X is warranted and meets cited ODG criteria. Prospective request for X is medically necessary and 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, imaging results and peer reviews.

The patient had X. Given corresponding imaging findings, request for X is warranted and meets cited ODG criteria. Prospective request for X is medically necessary and 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)