

Applied Assessments LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 7/26/2019 9:22:16 AM CST

Applied Assessments LLC An Independent Review Organization

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Clinical Records –X

- Functional Capacity Evaluation –X
- Intake Update and XX Testing and Assessment Report –X
- Request for X Hours of a Chronic Pain Management Program –X
- Notification of Adverse Determination –X
- Peer Reviews –X
- Request for Reconsideration –X
- Notification of Reconsideration Adverse Determination –X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X XX material onto a X. X insidiously developed pain in X from X. X was diagnosed with X; unspecified X, subsequent encounter; X, not specified as X; primary X; and X. On X, X underwent a Functional Capacity Evaluation by X, DC. X complained of X pain that was X, X pain in the X, and X pain that increased with X and X. X rated the pain as X. On examination, the dynamic X showed X was occasionally and frequently able to X up to X pounds, and X up to X pounds occasionally and frequently. The post-evaluation pain score was X. X was able to reach XX and at X level for two minutes X for X repetitions, X up to X repetitions, X for two minutes, X for two minutes, and X not greater than three minutes. The range of motion of the X showed X degrees, X degrees, X degrees, and X degrees. The X range of motion showed X degrees, X degrees, X degrees, X degrees, X degrees, and X degrees. The X range of motion on X degrees, X degrees, X degrees and X degrees.

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X testing indicated a X when compared to norms. X testing revealed X due to deconditioning of the area of injury when compared to the healthy/ uninjured side. On X testing, X demonstrated consistent results that were valid. X also demonstrated instability on X as indicated by the X, X on the X. This demonstrated that X might be prone for further or new injuries when X an object and should be considered when determining the ability of X to return safely to their working environment (without restrictions). X could not completely perform in the X-pound X category on an occasional basis. Therefore, X must be listed in the X category and should be restricted to no more than X pounds of dynamic X on an occasional basis and X pounds on a frequent basis. X was able to complete the test. However, X continued to demonstrate ongoing X and X at the time. The provider opined that X could not safely perform X job demands based on X between their required job demands and X ongoing evaluation outcomes. The Functional Capacity Evaluation indicated that X could not safely perform X occupational full time / full duty job demand physical demand level of medium X pounds. X ongoing physical demand level was XX pounds. X would be benefited from an X functional program. Per an Intake Update and XX Testing and Assessment Report by X, LPCI /X, PhD dated X, the evaluation was performed to assess X status to determine the relationship to the work accident. On the X examination, X mood was X, and X affect was appropriate to content. The X Inventory (BDI-II) score was X, indicating X. The X Inventory (X) score was X, indicating X. X responses on the X (X) showed non-significant X of work but significant XX XX of X in general. X endorsed having one or more X symptoms that were X of daily life. In addition, there were indications of X related to the X symptom or associated health concerns as manifested by X having X thoughts about the seriousness of X symptoms with excessive time and energy devoted to those X. The state had existed for more than X months and was X by pain. It was recommended that X participate in the X management program after exhausting X treatment. X was negatively impacted by pain and reduced functioning across activities of daily living. X would require an interdisciplinary X program in order to reduce X pain and X while improving X physical capabilities and functioning in order to propel X toward a safe return to work and facilitate X closure. Per the

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Request letter for X Hours of a X Management Program dated X, X, DC stated that prior treatment modalities had failed to stabilize X XX X, increase X engagement in activities of daily living, or enhance X physical functioning such that X could safely return to work. X was approximately X, X status post injury. X pain was X, depending on X level of activity. X care had not been sufficient to extinguish X pain or increase X functional tolerances such that X could successfully return to X previous position. X described limited functioning within daily job and familial activities. X had developed a X; the treatment of choice was participation in an X pain rehabilitation program. X treating doctor had prescribed participation in an X rehabilitation program as medically necessary. That intensive level of care was needed to reduce X pain experience, develop self-regulation skills, and facilitate a timely return to the workforce. Treatment to date consisted of medications (X), X, X, X program, X, and X in the X. Per utilization review determination letter by X, MD dated X, the request for X pain management program (X) was denied. Rationale: "Per evidence-based guidelines, X program is recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "X." It is also indicated when there is X and there are X. A trial of X (X) may be implemented and total treatment duration should generally not exceed X weeks (X). In this case, the patient complained of pain at the X. Past surgical history included the X. Prior treatments included X which helped with the pain for a short period of time and pain returned with the same intensity; X was not getting any better. X also had individual X with good benefit. X completed X. X indicated that X did return to work on a part-time basis. X reportedly had an X procedure (X) to the X for X. Per medical report dated X, X continued to report marked pain. X treating doctor recommended participation in an X to resolve active symptoms on a long-term basis, dismantle X disabled self-perception, increase X functional tolerances, and propel X toward a safe return to work. A request for X (X) for X was made. Although it was noted that X had a job mismatch which X current PDL was light and X required PDL was medium, X were insufficient to justify the need for the requested X as it was noted that X X-X score was X which indicated

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minimal XX and X on X which indicated minimal X. Clear exceptional factors were not identified.” Based on the fact that X already had a similar X program, and at the point, was expected to benefit with a course of X (X) in combination with biofeedback, and was without clear clinical indications for need for an extensive X program, and the other clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines, the request was non-certified. A reconsideration / appeal request letter dated X, documented a request for X continued participation in a X management program. It was noted that prior treatment X to stabilize X X, increase X engagement in activities of daily living, or enhance X physical functioning such that X could safely return to work. X was approximately X status post injury. X pain was X, depending on X level of activity. X care had not been sufficient to extinguish X pain or increase X functional tolerances such that X could successfully return to X previous position. X described limited functioning within daily job and familial activities. X had developed a X syndrome; and the treatment of choice was participation in an X program. X treating doctor had prescribed participation in an X program as medically necessary. This X level of care was needed to reduce X pain experience, develop self-regulation skills, and facilitate a timely return to the work force. Thus, authorization for X Management Program appeared reasonable and medically necessary for any lasting management of X pain symptoms and related X problems, as it was the recommended treatment of choice for patients with X. It was emphasized that X need to have access to X program was supported by the Texas Labor Code §408.021 on Entitlement to Medical Benefits which stated that, "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that: a.) cures or relieves the effects naturally resulting from the compensable injury; b.) promotes recovery; or c.) enhances the ability of the employee to return to work or retain employment. A reconsideration adverse determination letter by X, MD, dated X, indicated that the reconsideration request for X management program (X) was noncertified. It was determined that the proposed treatment did not meet medical necessity guidelines. Rationale: “Per evidence-based guidelines, X

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management program is recommended where there is access to programs with proven successful outcomes for patients with conditions that have resulted in X. There was a previous adverse determination dated X whereby the request for X management program (X) was non-certified. Based on the medicals, the patient could not safely perform the occupational full time and full duty job PDL of medium X pounds. However, it was noted that the patient completed X of the X program with a starting PDL of light and after completing the program, the patient had medium PDL of X pounds. Furthermore, the BDI-X scored X and BAI scored X. The provider stated that the patient went to full duty after completion of X. X had exacerbation of symptoms and received X. X is doing modified work. However, X has not tried lower level of care like X. The requested X program is not necessary. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. X had X of symptoms and received X. X is doing modified work; however, X has not tried X like X for X. Therefore, the requested X program is not necessary.”

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

The Official Disability Guidelines discuss indications for a X management program. This is an X management program. The treatment guidelines note that after completion of a X program, a repeat of a similar program is not recommended. This patient previously returned to full-duty work after completion of a X work conditioning program. The guidelines would not support a repeat of such a program in the current setting of reaggravation or recurrence of symptoms. In addition, it is not clear that this patient has failed first-line treatment before considering a X program.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision is X.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
ODG/Pain/Chronic Pain Programs - Functional Restoration Programs