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An Independent Review Organization
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Patient Clinical History (Summary)

X who was injured on X. X suffered the injury while X. X was diagnosed with X.

X presented to X on X with less than X in pain from a X. According to the pain diagram, X had X. Pain was rated X at the time. X reported that X. On examination, X was walking somewhat better than before. X believed the fact that X had not improved significantly with X which was X indicated that X condition was probably not going to respond to X or further pain procedures. X felt it was very important that X got into a X as X was very X. X believed that X would benefit from the fact that X had not really had anything that enabled X to cope with X situation.

Per an appeal letter dated X by an unknown provider, the reviewer denied X due the report saying that X. Per the provider, X job required X to X. That type of work was not sedentary when in fact, X was injured from X. According to the Dictionary of Occupational Titles (DOT), for X job which could be coded: X, the job requirement was X, so therefore X did not meet X job duties if X was at X, but per the reviewer it was noted that X met the X for X job.

On X, X underwent a X evaluation with X, PhD. Dr. X opined that the pain resulting from X injury had severely impacted X. X reported X related to the pain and pain X, in addition to X. The pain resulted in X. Per Dr. X, X would benefit from a course of X. It would improve X ability to cope X, which appeared to be impacting X daily functioning. X should be treated

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daily in a X. The program was staffed with multidisciplinary professionals trained in treating chronic pain. The program consisted of, but was not limited to X. These intensive services would address the ongoing problems of X.

On X, X underwent a functional capacity evaluation with X, X to determine X tolerance to perform work tasks. Consistency of Effort results obtained during testing indicated there were segmental inconsistencies resulting in mild sub-maximal effort. The inconsistencies documented by the software related to hand testing rather than those related to X. Reliability of Pain results obtained during testing indicated pain could have been considered while making functional decisions. X demonstrated the ability to perform within the "X" based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles (DOT), which matched X jobs demand category. Per. X, X was able to X. However, the unskilled sedentary occupational base was significantly eroded because X was unable to X. X lifted X. Non-material handling testing indicated that X demonstrated an occasional X. X demonstrated the ability to perform X. The functional activities X needed to avoid within a competitive work environment included X.

Treatment to date included medications X.

Per a letter of adverse determination dated X by X, MD the requested service of X, was non-certified. The primary reason for determination was the absence of pertinent extenuating circumstances that would require deviation from the guidelines. Per evidence-based guidelines, X is recommended where there is access to programs with proven successful outcomes such as 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 "delayed recovery." Per Behavioral Evaluation and Request for Services dated X, the BDI II score was X within the X range of the assessment and BAI score was X within

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the X range of the assessment. X demonstrated the ability to perform within the sedentary physical demand category which matched X job's demand category; however, there was no mismatch of the physical demand level ability. There was also no clear documentation of motivation to change and that secondary gain and / or change in compensation had been addressed. As such, the request was not supported at this time.

Per another letter of adverse determination dated X by X, MD the appeal for X, was non-certified. The request was not certified due to the current and required physical demand levels being equivalent. Additional records had not been submitted for review. X was at a sedentary physical demand level which was the job demand category. The clinician had not documented the need for a X.

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

This patient presents with a X. The patient's condition appears to be X, for which the provider has requested a X. These programs tend to have less success for patients who present with X, such as this patient. However, there are some extenuating circumstances that obviate this contraindication.

- Despite being under the treatment of X, this patient manifests severe X.
- The review dated X stated "There was also no clear documentation of motivation to change and that secondary gain and / or change in compensation had been addressed. As such, the request was not supported at this time." This is not accurate, since the behavioral evaluation dated X, clearly addressed these issues and clarified them in the report.
- The review dates X stated "Additional records had not been submitted for review. X was at a sedentary physical demand level which was the job demand category." However, additional records, viz. the functional capacity evaluation dated X were provided "However, the unskilled sedentary occupational base was significantly eroded because X was unable to X." So, the patient cannot currently perform at this level.

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Without additional treatment, this patient will not be able to perform at the stated job demand category with further aggravation of the X. Given the documentation available, the requested service(s) would be considered medically necessary.

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
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- 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)

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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.