

True Decisions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/24/2019 4:56:00 PM CST

True Decisions Inc.
An Independent Review Organization
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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Clinical Records –X

- Appeal Letter –X
- Texas Workers' Compensation Work Status Report –X
- Notice of Adverse Determination Letter –X
- Appeal Request Denial –X
- Diagnostic Data –X

PATIENT CLINICAL HISTORY [SUMMARY]: X. X X is a X-year-old X. X was injured on X when a X. The diagnoses were injury of the X muscle; X; X; not intractable. On X, X. X was seen in follow-up by X, MD for complaints of X. Per the note, X was able to X minutes. The pain level was X at the time. The pain was X. X. X reported trouble X due to pain. On a review of systems, the mood was X. On examination, X range of motion was normal. There was facet tenderness noted in the X area. The diagnoses were X encounter; and other specified injuries of X, initial encounter. Dr. X believed X. X would benefit from a X program. X had symptoms of X. A Functional Capacity Evaluation (FCE) was conducted on X. On testing, X. X demonstrated the ability to perform within the sedentary physical demand level based on the definitions developed by the X and outlined in the Dictionary of Occupational Titles. During objective functional testing, X. X demonstrated consistent effort throughout X of the test, which would suggest X. X put forth full and consistent biomechanical and evidence-based effort during the evaluation. A X and Request for Services was conducted by X, PhD, XX-S on XX. The purpose was

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to determine whether referral for X treatment would be appropriate at the time. It was noted that X. X had seen a X XX to XX years prior for X. X reported that in the past, X had taken medication for X(X). X also reported having X issues at XX. X had gone to X XX about X years prior due to a "X" from a X with X. X. X reported during the interview that the primary location of X pain was in X. X reported that X pain seemed to radiate to the X. X reported that X X was never checked since X work-related injury. X reported that X was also having pain in X. X reported that X pain seemed to be affected by the weather. X reported XX about XX to XX hours per night; but that X would wake up often due to X pain and X. X. X also reported that X was very X and could not perform basic activities in X life. X reported that the more active X was, the more X pain increased. X reported that X levels of X than they had ever been. X reported X was no XX XX in the things X once was outside the house. X reported X was no longer able to do acting in the X and was X, not seeing X X due to X work-related injury. Following tests were conducted with their results: On the X X scored X which was within the moderate range of assessment. On the X, X scored X, which was within the moderate range of assessment. The X Checklist was administered in which X scored X, indicating positive for X. On the X, X. X was administered the assessment and scored a x, indicating XX XX for XX of XX X XX XX. The X) was administered to X. X and X scored X on the Work Scale and X on the Activity Scale. On mental status examination, X seemed oriented X. X was normal in speed and normal in volume. X processes were coherent and goal-oriented.X. X affect appeared congruent to XX. X made good eye contact. Dr. X requested that X. X participate in X of a behavioral x pain management program. X, MD evaluated X. X on X for X pain. X. X reported X had an accident at work on X where X. X had been having ongoing pain when X turned X a certain way, X felt like something was pulling and pain radiated to the front of X where X stated it was tender to the touch. X had undergone X with some mild improvement. X continued to have pain when X. X reported that X began experiencing pain in the X week. X felt that the pain X. X was unable to bear X at times. X reported that X had disappeared. X continued to have X with help. X would like to continue X until X was 100% well. X would like to go back to work as a part time If possible. The examination was unremarkable.

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Per a note dated X, requested sessions would not be schedule until a determination had been made. They requested (10) sessions / (80) units of the X program (X) 3 x week. An undated MRI X and X were negative. An MRI of the X dated X revealed no acute abnormality, specifically, no X injury. XX X was nonspecific, and most often reactive. There was indeterminate X, favored to be benign. An MRI of the X dated X was normal. Treatment to date included medications for X x15 sessions for the X (slightly helpful), X, and a X program. Per a Notice of Adverse Determination letter dated X, the request for X X. Rationale: "Regarding the request for a X program, the guideline criterial for participation are not met. The patient has a history of X. The current assessment indicates the patient continues with X secondary to injury. X had an MRI, CT scan, and x-rays and all were negative. The patient has completed PT with minimal improvement. There is no clear physical component keeping the patient from progressing. If not previously performed, peer review regarding the patient's extent of the injury could be informative. Medical necessity does not appear to be established. Recommend non-certification for X. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review." An appeal letter was written by Dr. X/ Dr. X on X. Dr. X indicated that X. X was denied due to the "previous history of X." X had "X" over X years prior due to a "X." According to Dr. X, the ongoing X had nothing to do with a X from X years prior. X. X had not been on any medication for X since that X and had been working for X years at X without trouble. X had physical therapy sessions, met the ODG guidelines, and did not currently meet the X for X job duties. X displayed a sedentary PDL and needed to be at medium PDL as reported on the FCE dated X. An Appeal Request Denial was documented on X. Rationale for denial: "Regarding the requested X program, the patient presents with continued symptoms and interference with activities of daily living due to X pain and difficulties adjusting to the injury. The patient was recommended for 10 sessions of a X program to enhance XX mechanisms and

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more effectively manage pain. the patient's abilities were within the sedentary physical demand level, with the job duties requiring the patient to perform a medium physical demand level. However, it is unclear what the lower levels look. The patient had exhausted in detail. As such, the request for X is non-certified. Conversations between the requesting the provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review."

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

The Official Disability Guidelines discusses considerations for patients referred for X management program. Among the considerations of such a program is that the patient should exhaust all first-line alternatives before considering a X program. The medical records note that this patient has a history of X treatment in the remote past but has not undergone current X therapy or individualized counseling or other X treatment for current X symptoms related to the patient's injury and functional X. In this situation, enrolling the patient in a X program would be either not medically necessary or more likely premature. Therefore, at this time the request is not medically necessary and should be X.

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
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

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- 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

ODG/Pain/Chronic Pain Programs - Functional Restoration Programs