

I-Resolutions Inc.
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Chiropractor

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Overturned (Disagree)
 Upheld (Agree)
 Partially Overturned (Agree in part / Disagree in part)

Information Provided to the IRO for Review

- Medical Review - X
- Functional Capacity Evaluation X
- Clinical Records - X
- Initial Interview X
- Notice of Adverse Determination Certified Network and Non-Network - X
- Appeal/Reconsideration of Adverse Determination Certified Network and Non-Network - X
- Attorney Letters - X
- Diagnostic Data Reports - X

Patient Clinical History (Summary)

X. X X is a X-year-old X with date of injury X. X was at a complete X off X X when X was X by X. X body was facing forward and X.

A functional capacity evaluation was conducted on X. Based on the results, the overall level of effort as deemed by the examiner was reliable. The results of X. X's Functional Capacity Evaluation on revealed that X was not able to safely and dependably return to the usual and customary duties of a X per the job analysis provided by the patient and / or employer. X. X currently reported the pain as a X, on a scale of 0 to 10, where 10 means an XX is needed. X currently reported X pain. X described X pain as X with X pain. X. X reported interrupted X due to the X pain. X currently reported no X pain. Manual muscle tests of the X were done to monitor nerves in the X. Manual muscle tests of the X were done to monitor nerves in the X. X demonstrated restricted range of motion in the X. X demonstrated a strength deficit in the X, X and X, when compared bilaterally. After completing the NIOSH Static Lift Tests, X. X reported increased X pain. X described the X k pain as X pain. Dynamic Lift Tests were suspended due to X pain, X, and X. X reaching X maximum lift ability. Overall, X demonstrated the ability to safely and dependably perform at a X demand level, which X.

On X, X. X was seen by X, DC for a work-related injury to the X, X, and X regions. X reported difficulty with X, X, X, and X. The pain was rated X and was described as X. X had X/ X to the X region. There was moderate X pain, X in the X, X, X, X and X X region. On examination, X had a positive X sign when rising from a X. Palpation of the X region noted moderate X with X in the X. Spurling's test was X pain. Maximum XX compression was positive for localized X pain. The X was restricted in all the planes. X noted guarding with mild-to-moderate tenderness of the X. Kemp's test was positive for X.

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/13/19

A psychological evaluation was conducted by X, MA on X. The Beck Depression Inventory II score was X indicating X range of assessment. The Beck Anxiety Inventory score was X, indicating X range of assessment. The Fear Avoidance Beliefs Questionnaire score was X on the X Activity Subscale and X for the X Subscale. The diagnosis was XX XX with X and X. It was recommended that X. X participate in a X program in order to better facilitate X reconditioning and return to work. X should be re-evaluated for X functioning if X continued to have difficulty or X developed new symptoms of X.

An MRI of the X dated X revealed X at X and a X at X.

In an Adverse Determination Letter dated X, X, MD stated that "Additional documentation was received and reviewed, specifically 10 progress notes from X from X through. The Official Disability Guidelines only supports work conditioning or work hardening for individuals who have had previous X with improvement followed by a X. It appears this patient has participated in x visits of x without any significant efficacy. The most recent note on x states that there has been a x to treatment. As such, there will likely be a x to any additional work hardening. Accordingly, this request is not medically necessary."

In an Adverse Determination letter dated X, X, MD documented that "After speaking with Dr. X, it was stated that the patient's most recent FCE notes deficits in X. The provider is hoping for more X. The patient was assigned; however, it is not clear if patient is compliant. The patient does not fully meet the criteria per ODG guidelines. The patient has been given X sessions showing no improvement of condition. The patient has been instructed on X; however, it is not clear if the patient is compliant. Therefore, the request is not supported."

Treatment to date consisted of medications (X), X, and individual X sessions.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denial is X. In an Adverse Determination Letter dated X X, MD stated that "Additional documentation was received and reviewed, specifically 10 progress notes from X from X through X. The Official Disability Guidelines only supports X for individuals who have had previous X with improvement followed by a X. It appears this patient has participated in X therapy without any significant efficacy. The most recent note on X states that there has been a X treatment. As such, there will likely be X to any additional X. Accordingly, this request is not medically necessary."

In an Adverse Determination letter dated X, X, MD documented that "After speaking with Dr. X, it was stated that the patient's most recent FCE notes deficits in X. The provider is hoping for more X. The patient was assigned; however, it is not clear if patient is compliant. The patient does not fully meet the criteria per ODG guidelines. The patient has been given X showing no improvement of condition. The patient has been instructed on X; however, it is not clear if the patient is compliant. Therefore, the request is not supported." There is insufficient information to support a change in determination, and the previous non-certification is X. Peer review dated X indicates that the patient had had zero X and X was X. At best the patient sustained a X, X and X without radiculopathy. There is no reason why the patient cannot work with X. X should be able to return to work without X of injury full duty. The original compensable injury has resolved X of injury. Office visit note dated X indicates that the patient is at X. Follow up note dated X indicates that the patient is at X. There is no clear rationale provided to support a X when the patient is working X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denial is X. There is insufficient information to support a change in determination. The peer review dated X indicates that the patient had had zero X and X was working. At best the patient sustained a X strain, X strain and X strain without radiculopathy.

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There is no reason why the patient cannot work with X. X should be able to return to work without X post date of injury full duty. The original compensable injury has resolved X at best post date of injury. Office visit note dated X indicates that the patient is at X. Follow up note dated X indicates that the patient is at X. There is no clear rationale provided to support a work X when the patient is working. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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
- 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
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

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.