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Information Provided to the IRO for Review

- Clinical Records – X
- Physical Therapy Notes - X
- Functional Capacity Evaluation Reports – X
- Work Hardening Programs – X
- Notifications of Adverse Determination – X
- Letter – X
- Notification of Reconsideration Adverse Determination – X
- Peer Review - Undated

Patient Clinical History (Summary)

X. X X is a X-year-old X with a date of injury X. X caught X X in a X requiring X. X was diagnosed with X, X.

On X, X. X was evaluated by X, MD for the X pain. X was able to X for less than X, able to X for more than X, and able to X for less than X minutes. X rated the pain as X. The examination showed no significant changes since the prior visit. On X, X. X complained of X pain. X continued to have pain described as X. X pain X by, X. On examination, X. X changes were not noted in the X. X.

On X, X. X had a Functional Capacity Evaluation by X, PT. The purpose of the evaluation was to determine overall X abilities as that related to the physical demands. X. X. X sustained a X injury while X was X. X had X job demand ” in X handling. X did not meet X job demands of X. X appeared to be X body due to X former X. The discrepancy appeared to

significantly affect the functional abilities of X skills, X. During the non-material X. X would feel a "X" sensation in X X movement. In non-material X, X. X' appeared significantly X during the X, especially when those exercises were performed on X. Instability of X. X' X could be considered a significant limiting factor of X due to X of having possible X.X, X. X performed at X job demand; however, as more X was requested, pain and sensations of X X increased significantly. In material handling, X. X met X job demand of the X to sensation of X and burning of X. Overall, X. X was reliable with X pain according to the pain scale and performed with a maximum effort. Instability, pain, sensations, compensatory techniques, mechanical changes and deficits were considered a limiting factor of X. X' functional abilities. X main complaints during the evaluation was pain and sensation of X X. Sensations of X on X. X' were also noted during the material handling X where X through the X was requested. X. X' X was stated to be very sore post functional capacity evaluation. During the evaluation, X. X was unable to achieve X of the physical demands of X job / occupation. The limiting factors noted during those objective functional tests included X.

On X, X. X had a XX Evaluation by X, PhD. X was referred by Dr. X who requested input regarding treatment planning, in particular whether referral for X treatment would be appropriate at the time. On X ongoing X complaints, X. X reported having difficulty managing X pain and experienced a great deal of interference with activities of daily living due to X pain and difficulties adjusting to X injury. X reported feelings of some X, which were secondary to the work-related injury. X. X reported that X experienced symptoms of X increased concerns with XX, and increased pain when X was X. X was also experiencing X regarding the treatment process of X injury. X was under X and had many feelings that X had not

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X. X. X had tried to remain as active and involved with X as possible; however, X was having difficulty X with X pain and adjustment difficulties relating to X injury. On the XX XX Inventory II (XX-II), X. X scored a X within the XX range of the assessment. Symptoms reported at the XX level included: X, X. On the XX XX Inventory (XX), X. X scored X which was within the minimal range of the assessment. Symptoms reported at the mild level included: X. On the Screener and X Assessment for Patients in Pain-Revised (X), X. X scored X indicating a low risk for X pain medications. On the XX XX XX Questionnaire (XX), X. X' work scale was X(XX) and activity scale X(XX). On XX status examination, X appeared to have a very X with X. Mood seemed X. X affect appeared X. Dr. X reported that the pain resulting from the injury had severely impacted X normal X. X. X reported X related to the pain and pain behavior, in addition to decrease in X ability to manage pain. The pain had reported X resulting in X. X. X would be benefited from a course of pain management. It would improve X ability to XX with X, which appeared to be impacting X daily functioning. X. X should be treated daily in a X program with both X as well as X. The program was staffed with X trained in treating X pain. The program consisted of, but was not limited to, X group, X groups, X therapy, X education, X management and X counseling as well as X groups. Those intensive services would address the ongoing problems of X
Treatment to date consisted of medications (X), X (multiple sessions with minimal or no help), surgery (X on X), X, and X program.

Per a utilization review determination letter dated X, the request for X) was denied. It was determined that per guidelines, at the conclusion and subsequently, neither re-enrolment in a repetition of the same or similar X was medically warranted for the same condition or injury. Thus, the

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current request was not supported. Per an addendum, a peer-to-peer was conducted. The provider noted understanding that X. X had completed X of work X and was functioning at a X level. There were no exceptional factors noted to consider a chronic pain program at the juncture.

Per an Appeal letter by Dr. X and Dr. X dated X, an addendum was completed on X stating that originally, X program (X) was denied and reported X. X needed more X. X. X had completed X of work hardening. On X at X. X' follow up visit after completion of X, it was stated in the records that X continued to have pain and that X X was not better but that X could lift X pounds. X. X had a X surgery. On the functional capacity evaluation dated X (again, after completing the X), it stated that X. X did not meet X job demand duties in terms of X, which was most of X job duties. X did not meet physical demand level in terms of X X. X would be benefited from the X and had X at the point. X. X could use the tools of the program such as X therapy, X therapy, X pain and what it affects, and X X pain and get back to some type of work. X. X met the Official Disability Guidelines.

A letter dated X indicated that the reconsideration request was denied / non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Spoke to designee, designee was unable to expand upon details of the X, that would clarify the need for a X or similar program.”

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

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This patient has not successfully returned to work following the initial injury. The patient underwent X. In question is the need for an additional X. Two prior utilization reviews have denied the request citing that the patient had achieved the requisite goals of activity. However, there is some debate as to the results achieved by the X. The prior reviews suggest that X was wholly successful. The evidence from a recent evaluation suggests that the patient has not since X still has significant pain in the X limitations.

The patient is X, so a X would address the remaining X to rehabilitation and ability to work in a X with X abilities. In the absence of a X, the patient is X. This conundrum therefore warrants going outside the guidelines, since the X is a duplication of a prior similar program. Given the documentation available, the requested service(s) is 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
- ☐ 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

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- ☑ 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

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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.

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