

US Decisions Inc.

An Independent Review Organization

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Information Provided to the IRO for Review

- Notice of Disputed Issue and Refusal to Pay Benefits – X
- Functional Capacity Evaluation – X
- Clinical Records – X
- Adverse Determination Letters –X

Patient Clinical History (Summary)

X is a X-year-old X with date of injury X. X XX on a X that caused X to X and land on X X and X.

X underwent a functional capacity evaluation (FCE) on X by X, DC. The purpose of the examination was to determine the physical demand level. X had X pain, X pain, and X. X reported the overall pain as a X, on a scale of X to X, where X meant an X was needed. X also reported X pain. The X pain was described as X, X, and X pain with X. The X pain was characterized as frequent aching pain with X. X stated that the X pain was aggravated with prolonged X. The X pain was described as frequent X pain, and the X pain was described as X. X reported frequent X in the X and X. Increased X were noted in the X with prolonged. X tests of the X were done to monitor nerves in the X and X. X demonstrated a restricted range of motion in the X and X, when compared X. X also demonstrated a X deficit in the X and X, when compared X. Overall, X demonstrated the ability to X and X perform at a X X(X), which failed to meet the minimum job requirement of a X. The FCE demonstrated an X return to the usual and customary duties of a X with The X per the job analysis provided.

An Initial Interview was conducted by X-, MA, LPC on X to determine if mental health treatment would be appropriate at the time. X. X reported during the interview that the primary location of X pain was in X X X, XX, and X X. X stated that the pain seemed to radiate X and X X X. X described the pain as X, X, X, X, X, and X. X rated X pain level at an X (based on the VAS scale from 0-10) on an average day. Activities which X reported increased X pain included X, X, and X for a prolonged period of time; X X or X the X or on X surfaces; X; X; X; X; and other basic X X or X around the X. X reported XX around X X at X due to several disruptions from both the pain and X XX XX. X reported that X was very X and could not X activities in X X. X reported that X levels of X, X, and X were X than they had ever been. X said that X was no longer interested in the things X once was X the X. X. X was administered the X and scored X, which was within the severe range of the assessment. On the X, X scored X, which was within the severe range of the assessment. The X was administered and X scored X on the X and X Work Subscale. X. X was X and X during the X. X seemed X. X X was normal in X and appropriate in X. X and X seemed X and X. X seemed X and X affect appeared X. X X XX was made evident by X X throughout the X and X contact. X appeared to have X and X. The diagnosis was X with mixed X. It was recommended that X. X participate in a X in order to X X X and X.

On X, X. X was seen by X, DC for injuries to the X X, XX and X. The pain was rated X. The quality of pain was described as X, X and X. Pain was reported to the X X, X, X, X and X X and was provoked by X, X, X, X and general use of injured area. X. X had undergone an entrance X on X, which revealed X ability to perform

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at a X level. The evaluation confirmed that X. X continued to demonstrate a X, as X had not reached the X level required to fulfill X duties as a X. X was experiencing a decreased X and X levels with X regarding whether X would be able to perform X job but was eager to try. On examination, the pain was rated X. X functional performance was X. X was depressed and focused on pain. There was severe XX concerning X injury, its XX, and possibility of re-injury. X had a X X and X ability, with X X techniques, and difficulties with X and X. X observed X X. X had limited X body X with X most evident with X, X, dynamic X, and X extremity and core X.

X. X was evaluated by Dr. X on X for a follow-X. X complained of X pain, rated at X. X reported new symptom of X pain with onset related to X due to the X injury. The quality of pain was described as X and X. X reported pain in the X, X X, X X, provoked by X, X, X, X, X, prolonged X, prolonged X, and prolonged X. The pain was relieved by X. X XX and X pain was X .X indicated that X X in the X and struck X X on the XX of the X and heard a 'X in the X X. X was recommended but denied. A X evaluation and designated doctor report were pending. On examination, X X and X were difficult. X was noted to be X-X. X sign was positive for pain when rising from a X. X and X deep X were X. There was X on X of the X X. X had positive X test on the X. X evaluation of the XX noted findings of X. There was X over XX on X. X and X were palpated in the X. The X X range of motion was restricted in X. X test was positive on the X for X and X test was positive X for pain. On X/ X examination, X evaluation of the X and X showed X. X had X over the X X/ X on X. X test, X test, and X test were positive X. The compensable diagnoses were noted as X of the X X and X / X of XX and X. Additional diagnoses attached to the encounter were X.

An MRI of the X dated X showed X with extension to the X, associated XX, X. There was mild-to-X X with X. X was noted. An MRI of the X X revealed X centered at the junction of the X, X in the X of the X that did not contact the X, and grade X. X-rays of the X dated X were negative. X-rays of the X showed X. X-rays of the X X, X and X were negative.

Treatment to date included X.

Per an Adverse Determination letter dated X, X, PhD denied the request and stated that "The request does not appear to be medically necessary. The patient is a X center representative, and is already able to do the occasional X required by X job description. X does appear to have some XX / XX, but the source of these adverse XX is unclear."

Per an Adverse Determination letter dated X, X, DC stated that "X,X. Recommended as an option, depending on the availability of quality programs, using the criteria below. The best way to get an X is with a X program (see the section "ODG Capabilities and Activity Modifications for Restricted Work" in Work), rather than a X / X program, but when an X cannot accommodate this, a X program specific to the X goal can be helpful." There was a previous adverse determination dated X whereby the request for X was non-certified. The reviewer noted that the request did not appear to be medically necessary. The patient was a X and was already able to do the occasional X required by the X. The patient appeared to have some X and X, but the source of these adverse XX was unclear. In this case, the patient is a X-year-old who was injured in a X-related accident on X. The patient is able to perform job X. The patient already completed X

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and X. There is no evidence of X X being related to the X. The patient has returned to X. There is X to determine any other X, which might lead to a X to provide the request. Based on the review of the submitted medical records. The request is not consistent with the recommendations of the guidelines. Therefore, the request for X is not medically necessary.”

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; initial X; each additional hour is not recommended as medically necessary, and the previous denials are X. There is insufficient information to support a change in determination, and the previous non-certification is X. The submitted clinical records indicate that the patient is currently working on X. It is unclear why the patient is only able to perform at the X level given that X. The current request is nonspecific and does not indicate the frequency and duration of the requested program. Given the nature of the patient’s injuries, X should be able to effectively transition into X. 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

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- 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.