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***Notice of Independent Review Decision  
Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** X

**REVIEW OUTCOME:**

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

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

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. X stated that X. X stated that X twisted to the right as X fell, landing on X left elbow, while X left foot was still caught up in the ladder. The diagnosis was strain of muscle, fascia and tendon of lower back. Per a Mental Health Evaluation report dated X completed by X, MS, LPC, a mental health evaluation was requested to assist in further assessing difficulty with pain and overall adjustment issues related to X injury. The purpose of this evaluation was to determine whether mental health factors were inhibiting treatment benefit and ability to return to work in a complete capacity and to determine if X would benefit from a X program. X was injured on X job on X. X stated X was moving to the right with a ladder on X left shoulder. As X was stepping X left foot got caught on another ladder on the wall next to X, causing X to trip and fall. X stated X twisted to the right and landed on X left elbow, hurting X low back and left elbow. X had been treated with X. X continued to report high levels of pain. X exhibited symptoms of stress and anxiety during the course of the clinical interview. X affect was apprehensive and X voice and demeanor reflected a high level of frustration and depression. The tests administered included X. On the BDI-II X scored X. This score indicated a X. On the X, X scored X. This score indicated a moderate X. On the X scored a median score (X) on the physical activity portion and a moderate score (X) on the work portion of the assessment. On the X, X scored X. This score indicated a X. Back pain impinged on all aspects of X life and positive intervention was required. On the pain impairment rating scale, X rated X pain as X at its worst, X at its least, and X on average. In conclusion, it was noted that X was referred for an assessment for X. X had been treated with X. Despite these lower levels

of care, X continued to report moderate to high levels of pain and had been unable to return to work. X reported that X pain significantly impaired X ability to function physically, psychologically, interpersonally and vocationally. In addition of X chronic pain, X reported symptoms of X. X reported X adjustment prior to X injury and stated that X level of functioning had been significantly impacted. X manifested a symptom pattern X. On the basis of the above history and psychological findings, it was clear that X injury had caused the above diagnostic condition. X was facing significant loss of functioning that required major physical, vocational, and psychological readjustment. Based on X history and responses to the test materials, X demonstrated symptoms of X , which had been shown in research to contribute to the etiology, maintenance, and intensity of pain and the ability to cope with the chronic pain. X reported that X had experienced mixed results from previous treatments X had received in relieving X pain. X was not going to receive any further medical treatments, at the time. X responses to the injury may presently interfere with X ability to benefit from treatment and may limit X ability to return to work. X demonstrated excellent work history prior to X injury. X was eager to resume work despite X injury and pain. There was no evidence of poor work adjustment. Despite having fear of pain increasing and re-injury, X was motivated to return to work. X did not demonstrate high levels of X. There were no X disputes pending, X did not wish to continue with medications to treat X symptoms. X had not been sufficiently intensive to help X. To increase X physical capacity, X required a frequent, intensive, team-oriented program that would stabilize active symptoms on a long-term basis and support X effort, to return to full duty work. X was fearful of causing increased pain and may not apply X without constant supervision. X stated that X was an appropriate candidate for a X. This should help decrease X intensity of subjective pain, decrease X use of medications, increase X ability to manage pain, decrease X symptoms of depression and anxiety, improve range of motion, flexibility and muscle tone and increase the likelihood

that X would return to work. Group and staff support would help X to increase X motivation and help X to accept and adjust to X injury. Group therapy would give X the opportunity to observe how follow patients cope with their stressors and adopt similar strategies. X was strongly recommended to attend X. Per a Report of Functional Capacity Evaluation dated X completed by X, DC, X presented for FCE to determine X ability to return to work and / or the need for additional rehabilitation. Per the history, X had relayed the onset to have occurred on X. At work, X fell; X twisted to the right as X fell, landing on X left elbow while X left foot was still caught up in the ladder. X reported constant, aching pain in the low back with tightness and intermittent sharp pain that radiated to X left hip and down the back of X left leg, down to the back of the left knee with numbness and tingling down into X left calf and ankle. X reported the intensity of the pain to be X. X stated that walking, carrying, lifting, sitting, standing, reaching, pushing, pulling and normal daily activities would increase X overall pain level. X stated that medication helped somewhat decrease X overall pain level. X reported no specific right elbow pain, but X had pain in the right shoulder down to the right elbow. Physical examination revealed mild left X. There was X. Lumbar spine and paraspinal musculature revealed X. Right elbow and musculature revealed X. Lumbar spine examination revealed X. The X was X. X was X. X was X. The neurological examination revealed X. Sensory examination revealed X. Motor examination revealed a grade X strength rating involving lumbar flexion, extension, left lateral flexion; upper extremities: right shoulder flexion and abduction; lower extremities: left knee flexion, left foot eversion. The lumbar spine active range of motion showed flexion was X degrees, extension X, right lateral flexion X and left lateral flexion was X. The right elbow ROM revealed flexion X degrees, extension 0, and pronation and supination were X degrees. It was noted that X occupation was that of a X. X job required physical demand level was heavy, and at the time, X was performing at a sedentary to light physical demand level. X was

capable of performing at a sedentary to light physical demand level involving the injured area(s) and was experiencing a severe functional deficit as it related to meeting the standing (currently occasional vs. constant job requirement), walking (currently occasional vs constant job requirement), bending (currently infrequent vs frequent job requirement), reaching overhead (currently infrequent vs frequent job requirement), reaching out (currently occasional vs frequent job requirement), climbing (currently infrequent vs frequent/job requirement), squatting (currently occasional vs frequent job requirement), kneeling (currently occasional vs frequent job requirement), floor lifting (currently 15-20 pounds vs 100 pounds job requirement), floor to shoulder lifting (currently 10-15 pounds vs 100 pounds job requirement), floor to over/lead lifting (currently 10-15 pounds vs 50 pounds job requirement), two hand carrying (currently 15-20 vs 100 pounds job requirement), pushing (currently 20-25 pounds vs 100 pounds force required job requirement) and pulling (currently 25-30 pounds vs 100 pounds force required job requirement) job criteria as defined by the Dictionary of Occupational Titles and/or X Job Description Interview. X had completed X. X was not a candidate for X. Review for the medical records indicated that X injury had reached a plateau in care, and there were no further treatments planned per the ODG. X had not returned to work; however, X position was still available, and X employer did not offer light duty / modified duty. X functional performance during the evaluation revealed that X was experiencing a severe functional deficit in X ability to perform at the minimum physical demand level of X occupation as a X. Clinical history, present presentation and results of this evaluation indicated that X ongoing functional state required further rehabilitative intervention. X X mental health evaluation revealed a BDI of X indicating moderate depression, BAI of X indicating moderate anxiety, FABQPA of X and a FABQWP of X indicating maladaptive fear avoidance behavior with physical activity and work activity. Based on the results of the current exam and considering

the X mental health evaluation, the recommendation of the MHE that an X would be appropriate for X. The X would address the functional deficits identified in this report as well as address the depression, anxiety and fear-avoidance behavior identified in the MHE. The X would consist of the following elements/goals: muscular and connective tissue flexibility, muscular endurance and strength, cardiovascular conditioning, body mechanics training, real or work simulation activities, vocational counseling and intervention in the form of group sessions and if necessary, individual sessions that are separate from the X but were in conjunction with the X in order to promote active coping strategies, desensitize pain, desensitize fear of work-related activities to return back to work, motivate X on being less focused on pain and motivate X towards returning to work. An MRI of the lumbar spine dated X revealed at the X level, there was posterior central 2.5 mm disc protrusion (herniation) which extended into the epidural fat with mild canal stenosis and moderate to severe bilateral foraminal stenosis. At the X level, there was posterior central 3 mm disc protrusion (herniation) indenting the thecal sac with severe canal stenosis and moderate to severe bilateral neural foraminal stenosis. At the X level, there was posterior right foraminal 3 mm / left foraminal 2 mm disc protrusion (herniation) extending into the epidural fat with moderate bilateral neural foraminal stenosis seen. Multilevel foraminal stenosis was noted with moderate to severe contact on X and X nerve roots and moderate contact on X nerve roots in the foraminal spaces. An MRI of the right shoulder dated X revealed a 1.5 cm length fluid filled partial-thickness tear estimated at 50% in thickness along the bursal surface of the distal supraspinatus tendon with no associated atrophy, intramuscular edema or fatty infiltration of the supraspinatus muscle. There was chronic tendinosis present within the distal infraspinatus tendon but no superimposed partial or full-thickness tendon tear. There was a small amount of X. There were X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the

request for X was denied. Rationale: "In this case, the information does not support the request since there were no clinic notes provided by the provider and no notes from X of the patient's progression. The only notes provided for this review were requests for the X. A successful peer-to-peer call with X, M.D. was made at X. During the peer discussion, it was indicated that the injured worker had completed X. The injured worker's X. The injured worker has a X. Current pain medications are X. It was also noted in the discussion that there are 21 criteria listed by ODG for admission into a work hardening (WH) program, of which only 1 is optional, which is the Functional Capacity Evaluation (FCE). Of the X criteria that must be met, this injured worker has only met X. There is insufficient data provided by the provider in the phone discussion. The provider did not have time to discuss this case further. The reviewer was attempting to fulfill all the X criteria that ODG requires in order to proceed to a X, which was not provided in the clinic and treatment notes. As it currently stands, this injured worker has not met the criteria to enter a X. Since the provider did not want to continue with the phone discussion to give me the information requested to fulfill ODG, it was advised to submit the necessary documentation in order to explain the fulfillment of the X required criteria for the X. Therefore, the request for X is non-certified. "Per a reconsideration review adverse determination letter dated X by X DO, the appeal request for X was denied. Rationale: "There is no support provided that indicates that this injured worker is a good candidate for a X is denied. Therefore, the request for X is non-certified. "Thoroughly reviewed provided documentation. X provide a specialized therapeutic activity for certain patient populations. The cited ODG criteria may be useful in determining who would benefit from X. Because the patient does not meet the ODG criteria, it is unclear if the patient will benefit from X are not medically necessary and non certified

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

## **DECISION:**

Thoroughly reviewed provided documentation. X provide a specialized therapeutic activity for certain patient populations. The cited ODG criteria may be useful in determining who would benefit from X.

Because the patient does not meet the ODG criteria, it is unclear if the patient will benefit from X. X are not medically necessary and non certified

Upheld



**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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**