

IRO Express Inc.  
An Independent Review Organization  
2131 N. Collins, #433409  
Arlington, TX 76011  
Phone: (682) 238-4976  
Fax: (888) 519-5107  
Email: @iroexpress.com

***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: 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 at work on X. X reported X was X. X. As X was performing this activity, X hurt. X described that the pain X felt when performing the activity was sharp and intense and X described hearing an audible noise as X did that twisting and lifting maneuver. The diagnosis was low back strain and displacement of lumbar intervertebral disc without myelopathy. X, DC saw X in follow-up on X. X reported X. X rated it X. Alleviating factors X. X was X. On that day, X was putting X. The manager came in and was X. X acknowledged to X. X was finished with X prep so X went to go move the items that the supervisor had pointed out. One of them happened to be a X. X. As X was performing this activity, X hurt. X described that the pain X felt when performing the activity was X. X then informed X supervisor and asked to be relieved from duty to go home and try to self-medicate with over-the-counter medications, ice / heat in hopes that it was just a simple overuse type injury. The next morning, X had extreme difficulty getting out of bed and noted that it was a chore for X just to get ready for work and make it to work. Upon getting there, X informed X supervisor that X felt it was something more severe and that X would like to get it evaluated. X was granted that and given instructions. X reported that when X was seen at X, X were ordered, which were negative for X. X was treated with X care and reported X had completed only X. Ultimately, X was referred for an X of which the results were unavailable at the time, but X verbalized that X did have X. X described having left lower leg pain and radiculopathy. X had left lower leg pain that radiated into the left hip / leg. At the time, X presented for follow-up. X had been approved for X change in treating doctor. X continued to have the chronic nonmalignant pain and noted X had severe socioeconomic stressors, and this was causing X a great amount of distress. X presented for follow-up and continuation of care. On examination, observed X. The pain score was X. X did flex with the fingertips to the knees with increased low back pain. X were decreased. X was positive on the left. There was decreased X in the left leg. X of the X was noted. Dr. X assessed that the X done

earlier was obtained and showed X. At the time, X had not noted any significant improvement with X. X continued to have left lower leg X. Dr. X recommended getting the X. Dr. X noted that based on the occupational injury that was the direct cause from X, X had been unable to work in X previous position. At the time, X had been receiving temporary income benefits, which were at a reduced rate from where X was previously, and also, X had representation, so X economics had been impacted significantly, making it very difficult for X to cover X monthly expenses. X was currently receiving treatments to hopefully help abate X symptoms and help X return to gainful employment. The unforeseen incident at work had triggered X inability to work and had ultimately led to severe socioeconomic stressors for X. X was noted to feel anxiety; X felt preoccupied with X thoughts as X did have some severe socioeconomic stressors and was trying to make ends meet. X noted X sleep had been interrupted. X noted X felt fatigued and tired and not well rested. Appetite was decreased and X had eaten only once the previous day. X had not been to the grocery store in 3 weeks due to the delay from insurance carrier paying X. X rated X anxiety a X and depressed moods X. X had a history of adjustment disorder from X , but no previous history of X. The assessment was low back X. X injection was administered. X was prescribed. Referrals to X, were provided. X was ordered. X were continued. Treatment to date included X. Per a utilization review adverse determination letter dated X, by X, MD, the prospective request for X. Rationale: "Official Disability Guidelines supports psychological evaluations are widely accepted, well-established diagnostic tests for selected pain disorders, and in subacute and chronic pain populations. The office visit note submitted for review indicates under review of systems that the patient reports no depression, no sleep disturbances, no anxiety, no hallucinations and no suicidal thoughts. However, in another part of the note, it is noted that X feels anxiety due to economic stressors and trying to make ends meet. Specific tests to be administered are unclear. There is lack of documentation of completion of an adequate course of conservative treatment. Based on the clinical information provided, the request for X is not recommended as medically necessary. "Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "in this case, the patient had a X. X has had ongoing treatment of X condition which appears to currently consist of back pain and radicular back pain. X is being treated appropriately for X subacute injury. X has normal anxiety response to X condition, but the case is quite new and X is in the initial treatment phase of X

injury. I fail to see an appropriate indication for X involvement at this time. Therefore, the request for X is not medically necessary. Thoroughly reviewed supplied documentation including provider notes and peer reviews. Patient with back pain issues that may be related to lumbar radiculopathy. Along with physical therapy, pain medication, and chiropractic treatment, provider is requesting psychiatric treatment. Some patients with chronic pain syndromes do benefit from a more multidisciplinary pain treatment model that includes psychiatric care. However, as peer reviews note, there is no subjective or objective indicators pointing to a patient that may have more anxiety, depression, or adjustment issues (though may have had adjustment disorder at some point in distant past) for which the patient would benefit from psychiatric care this early in X pain treatment. Patient still in early phase of injury and appears to be improving. X referral including X, testing is not indicated at this time. X is 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 supplied documentation including provider notes and peer reviews. Patient with back pain issues that may be related to lumbar radiculopathy. Along with physical therapy, pain medication, and chiropractic treatment, provider is requesting X. Some patients with chronic pain syndromes do benefit from a more multidisciplinary pain treatment model that includes psychiatric care. However, as peer reviews note, there is no subjective or objective indicators pointing to a patient that may have more anxiety, depression, or adjustment issues (though may have had adjustment disorder at some point in distant past) for which the patient would benefit from psychiatric care this early in X pain treatment. Patient still in early phase of injury and appears to be improving. X referral including X, testing is not indicated at this time. X is 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
- 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
- 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
- TMF SCREENING CRITERIA MANUAL