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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 was employed by X as a X in training at the time of the X injury. X stated that X was X and when X went to X right X down the right X to about the X of the right X. The diagnosis was X. On X and X, X, DC evaluated X for office visit regarding injuries sustained in a work-related injury. On X, X was a little better since the X. X continued to have X in the right lower back region. X also reported stiffness in the right X into the right X to about the X, but less intense since the X. X also reported continued X of the left X. X also reported continued X in the right and X. X reported the intensity of the pain to be X. X stated that X. X stated that using a X helped decrease X overall pain level. On examination, X weight was 255 pounds and body mass index (BMI) of 37.7 kg/m². X had continued X. Orthopedic examination of the lumbar X revealed X. X test was positive on the right and left at X. Double X raise was positive for X. X test was X. X had significant pain with passive lumbar extension test indicating possible X of the lumbar X. X revealed a grade X. Lumbar X revealed X. X underwent X. X stated that X did notice a reduction in the pain in X right X and at the time the pain was more isolated in the X. On X, X returned for a follow-up. X had continued constant aching with intermittent sharp pain in the right X. X also reported X in the right X as well as X into the right X to about the X. X also reported having continued X of the left X, but X. X also reported continued X in the right and left X. X reported the intensity of the pain to be X. X stated that X. X stated that using a X helped decrease X overall pain level. On examination, X weight was 261 pounds and BMI of 38.5

kg/m². X had continued moderate X. X evaluation revealed continued guarding of the lumbar X. Lumbar X and X revealed moderate X. Orthopedic examination of the lumbar X revealed X. X raise test was positive on the right at X. Double X was positive for X. X test was X. X had significant pain with passive X indicating possible X of the lumbar X. Deep X were X. X revealed a grade X rating involving the X extremities, right and left X, right X, and right X. Lumbar X was X. Lumbar X revealed flexion of X due to pain and pulling in the X and into the right X , extension of X degrees due to sharp pain in X and X, left X of X degrees due to left X, and right X due to pain in the right X. On X, X, MS, LPC performed a X evaluation X was referred for an assessment for X. X had been treated with X. Despite these X, X continued to report moderate to X. X reported that X pain significantly impaired X ability to X. In addition to X chronic pain, X reported symptoms of X and X. X reported X prior to X injury and stated that X level of functioning had been significantly impacted. X manifested a symptom pattern highly consistent with 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 X. Based on X history and responses to the test materials, X demonstrated symptoms of X and X, which had been shown in research to contribute to the X. 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 this time. X was interested in learning how to reduce the need for X. X response to the injury may presently interfere with X ability to benefit from treatment and may limit X ability to return to work. X demonstrated an excellent work history prior to X injury. X was eager to resume work despite X injury and pain. There was no evidence of X. 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. Conservative care had not been sufficiently intensive to help X increase

X, X would require a frequent, intensive, team oriented program which would stabilize active symptoms on a long-term basis and support X efforts to return to full duty work. X was fearful of causing increased pain and may not apply X without constant supervision. It appeared that X was an appropriate candidate for a X. This should help decrease X X. X occupation's job physical demand level was X. X was capable of performing a X Job criteria as defined by the Dictionary of Occupational Titles and/or X job description interview. Dr. X opined that Based on the results of this exam and considering the X mental health evaluation, X agreed with the recommendation of the X would be appropriate for X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X related to lumbar X was denied. Rationale: "Based on the clinical information provided, the request for X related to Lumbar X Injury is not recommended as medically necessary. There are no X. It is unclear if a specific defined return-to-work goal or job plan has been established, communicated, and documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines." On X, an appeal letter was provided by Dr. X regarding the denial of a X. It was documented that "With regard to the denial, the peer review doctor non-certified the request due to:" There are X records submitted for review with documentation of improvement followed by plateau. It is unclear If the patient has X. There is no documentation of a specific defined return to work goal or job plan has been established, communicated and documented. "Therefore, medical necessity is not established in accordance with current evidence based guidelines". It was further stated that "Oddly, I have received, verbatim, the exact denial for a X. While it appears daily X notes were not included in the request, the records submitted include the amount of X performed and the reports indicate that the patient had reached a X. Additionally, the claimant's work position is still available as X has not received X. Further, X employer does X. Finally, the FCE documents the claimant's occupation

and the goals with regard to return work are documented in the X. However, with this appeal we will include the X performed and request reconsideration for approval of X for the claimant." Per a utilization review adverse determination letter dated X, X, MD, the request for X related to lumbar X was denied. Rationale: "Based on the clinical information provided, the request for X related to Lumbar X is not recommended as medically necessary. There are X. It is unclear if a specific defined return-to-work goal or job plan has been established, communicated, and documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines." Per a reconsideration / utilization review adverse determination letter dated X, X, MD, recommend the prospective request for X related to lumbar X between X and X be non-certified. Rationale: "As noted in X, one of the primary criteria for pursuit of a X is evidence that the patient has X identified, with X. ODG reiterates that there should be evidence of a valid mismatch between. documented, X. Here, however, the requesting provider acknowledged that the patient's performance on a screening evaluation of X was in fact influenced by pain. There is no record thus, of the patient's having a X as so defined. ODG further stipulates that the best way to get an X. Here, there was no record of the patient's having X. ODG further stipulates those receiving treatments through such a X. Here, however, there was no record of the patient and/or employee having X. Commentary made by the treating provider on X to the effect that the patient's prognosis for further improvement is "X" suggests that there is not a significant expectation of success here. The program in question is not indicated in this context. Therefore, the request for Appeal for X is not medically necessary." On X, Dr. X provided an appeal letter documenting "The X exam note states "X: The patient's prognosis is X pending X results if X is planned by Dr. X." Immediately preceding that entry, the note states: "X underwent X on X. X states that X did notice a reduction in the pain in X right X and that now the pain is more isolated in the X, however, it does not appear Dr. X scheduled X for a

follow up regarding X. We will proceed with a X and possible X." Therefore, the "X" comment was obviously used in the context based on the results of the X identifying if X was indicated. As stated in my appeal, the records submitted include the amount of X performed and the reports indicate that the patient has reached a X. Additionally, the claimant is X. Further, the claimant's X. Finally, the X documents the claimant's X. Therefore, the claimant has met the criteria for X. "Per a reconsideration / utilization review adverse determination dated X, an addendum to previous reconsideration dated X was provided by Dr.X. It was stated that "A successful peer discussion occurred with the requesting provider, Dr.X, DC. The provider stated that the claimant has been released to X. The employer, X, is X. The provider stated that the claimant has issues with X. The provider stated that X. The provider stated that X has not as yet consulted with X, making it uncertain as to whether the claimant X. The provider noted that a request for a lumbar X has been denied, along with request for X. No change. "Thoroughly reviewed supplied documentation including provider notes, imaging findings, and extensive peer reviews. Due to issues with documentation or providing appropriate documentation, there was confusion initially over whether or not patient met prerequisites per the extensively cited ODG criteria for a X. Despite back and forth with provider clarifying documentation to proceed with request, their request was repeatedly denied. However, patient at this time appears to X. These prerequisites met include but are not limited to having a X. X is indicated based on the reviewers' cited ODG treatment criteria.. X is medically necessary and certified

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

However, patient at this time appears to X. These prerequisites met include but are not limited to having a X. The X related to Lumbar X is medically necessary and certified

Overtured

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