

Applied Assessments LLC
Notice of Independent Review Decision

Case Number: X

Date of Notice: X

Applied Assessments LLC
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IRO REVIEWER REPORT

Date: X

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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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was employed by X. X stated that X was X. On X, X, DC evaluated X for office visit regarding injuries sustained in a work-related injury. On X, X was a X. X continued to have X in the right. X also reported X in the right X as well as pain, X into the right X to about the X thigh level, but less intense since the X. X also reported continued X in the 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. On examination, X weight was 255 pounds and body mass index (BMI) of X. X had continued X. Postural evaluation revealed continued X of the lumbar X, but improved. Lumbar X and X. Orthopedic examination of the lumbar X revealed X, positive Slump test for X • into the right X of the right X and left X, positive Kemp's test X. X raise test was X on the right and left X. X raise was X for X. Hibb's test was X bilaterally for X. X had significant pain with X lumbar extension test indicating possible instability of the lumbar X. X revealed a grade X, right and left X, right X, and right X. Lumbar X. Lumbar X, left X. X underwent bilateral X. X stated that X did notice a reduction in the pain in X right X was more isolated in the low 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 X into the right X to about the X thigh level, which had returned since the X. X also reported having continued X in the 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 in any position for X increased X overall pain level. X stated that using a X helped decrease X overall pain level. On examination, X weight was 261 pounds and BMI of X. X had continued moderate X. Postural evaluation revealed continued X of the lumbar X. Lumbar X and X

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revealed moderate X. Orthopedic examination of the lumbar X revealed X, positive Slump test for X • into the right X and X of the right X and left X, positive Kemp's test eliciting X raise test was X the right at X. X X raise was X. Hibb's test was X. X had significant pain with X lumbar X of the lumbar X. X reflexes were X. X revealed a X rating involving the X , right and left X, right X, and right X. Lumbar X. Lumbar X revealed X due to pain and pulling in the X and into the right X, extension of X and X, left X due to left X and right X, and right X of X due to pain in the right X and into the right X. On X, X , MS, LPC performed a mental health evaluation. 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 X. In addition to X chronic pain, X reported symptoms of X. X reported good premorbid 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 which required major physical, vocational, and psychological readjustment. Based on X history and responses to the test materials, X demonstrated symptoms of 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 medications, manage X pain more effectively with the use of self-help skills such as relaxation techniques, learn how to manage 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 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 financial disability 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 physical functioning capacity, X would require a frequent, intensive, team oriented program which

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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 which would include individual X. This should help decrease X X. X occupation's job physical demand level was X. X was capable of performing a X. 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 that an X. Treatment to date included medications X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information provided, the request for X is not recommended as medically necessary. There are X. It is unclear if a specific defined X. 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. 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 physical therapy notes were not included in the request, the records submitted include the amount of therapy performed and the reports indicate that the patient had X. Additionally, the claimant's work X. Further, X employer does not have X. Finally, the X 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 previous X." Per a utilization review adverse determination letter dated X, X, MD, the request for X was denied. Rationale: "Based on the clinical information provided, the request for 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

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prospective request for X be non-certified. Rationale: "As noted in X. ODG reiterates that there should be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform the usual required tasks. 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 valid work-related X as so defined. ODG further stipulates that the best way to X. Here, there was no record of the patient's having X. ODG further stipulates those receiving treatments through such a program should have a specific defined return to work goal, Ideally agreed upon by the patient and employer. Here, however, there was no record of the patient and/or employee having agreed upon a specific defined return to work goal. 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 X. The program in question is not indicated in this context. Therefore, the request 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 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 back, however, it does not appear Dr. X scheduled X for a follow up X. We will proceed with a X." Therefore, the "X" comment was obviously used in the context based on the results of the X was indicated. As stated in my appeal, the records submitted include the amount of therapy performed and the reports indicate that the patient has reached a X. Additionally, the claimant is X. Further, the claimant's work position is X. Finally, the FCE documents the claimant's occupation and the goals with regard to return work are documented in the Functional Capacity Summary Tables Job requirements vs current abilities). Therefore, the claimant has met the 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 X. The employer, X, is unable to accommodate the X. The provider stated that the claimant has issues with X. The

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provider stated that X. The provider stated that X. The provider noted that a request for a 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 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 X. X is indicated based on the reviewers’ cited ODG treatment criteria. The 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 X. X is indicated based on the reviewers’ cited ODG treatment criteria. The X is medically necessary and certified.

Overtured

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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

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