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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 Overtuned 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 reported X was adjusting the X. The diagnosis was lumbar sprain / strain. On X, X was seen by X, MD for re-evaluation of a work-related injury sustained on X. X complained of low back pain radiating to the right lower extremity. X reported X felt about the same or worse. The pain was X and rated X to X. X was unable to work. Moving made the pain X. Lying down made it X. There were no new· symptoms. X was following X treatment plan, but it was not helping. X had X. X had received X, which had not helped. X had an MRI which showed X. X had a designated doctor examination (DDE) which stated that X was not at maximum medical improvement, dated X. On examination, blood pressure was 135/102 mmHg, pulse was 110 beats per minute (bpm), and weight was 255 pounds. Examination of the lumbar spine revealed X. X had motor strength X in the right lower extremity with decreased dermatomal sensation in the right X and X dermatomes. X had a positive straight leg raise on the right side. There were X at X and X facets lumbar sprain / strain. Dr. X noted that X had a designated doctor examination which concurred that X would need X overriding the X. They would seek a X to be performed at X , and a X to be done in X for X, at the end of which, hopefully, X would be at MMI.A Functional Capacity Evaluation was completed by X, DPT on X. X reported X was adjusting the X. X was directed to the emergency room (ER) and was treated with X and released. X was then directed to X where X was placed on X. X noted no relief following X. The MRI revealed X at X and X, and X was referred to an orthopedic specialist. X specialist Dr. X recommended X, but this was denied. X was sent for a designated doctor evaluation and impairment rating, both of which determined X was not at maximum medical

improvement. X was referred to a pain management specialist, Dr.X, who recommended a X. The X was denied and the specialist referred X for a Functional Capacity Evaluation to determine X. X was off work at that time. X rated X lumbar pain incidence at rest prior to X evaluation. Regarding functional abilities to job demands match, the job specific evaluation was performed in a X. Consistency of effort results indicated X put forth full effort. Reliability of pain results obtained during testing indicated pain could have been considered while making functional decisions. The return to work test items X was unable to achieve successfully during this evaluation included: occasional squat lifting, frequent squat lifting, occasional power lifting, frequent power lifting, occasional shoulder lifting, frequent shoulder lifting, occasional overhead lifting, occasional bilateral carrying, frequent bilateral carrying, occasional pushing, occasional pulling, bending, squatting. walking, stair climbing and dynamic balance up off of the ground. X demonstrated the ability to perform within the SEDENTARY Physical Demand Category, which was below X job demand category. Based on sitting and standing abilities, X may be able to work full time within the functional abilities outlined in this report. It should be noted that X job as a X was classified within the MEDIUM Physical Demand Category. X lifted X pounds to below waist height, X pounds to shoulder height, and X pounds overhead. X carried X pounds. X pulled X horizontal force pounds and pushed X horizontal force pounds. Non-material handling testing indicated X demonstrated an occasional tolerance for dynamic balance, bending, firm grasping, sustained kneeling, and walking. X demonstrated the ability to perform fine coordination, pinching, simple grasping, sitting, and standing with frequent tolerance. Above shoulder reach and forward reaching were demonstrated on a constant basis. The functional activities X was to avoid within a competitive work environment included squatting and stair climbing. It shoulder be noted that X was unable to perform the squat lifting sections of the evaluation due to safety concerns and stopped the stair climbing portion before reaching

the occasional level. Throughout objective functional testing, X reported reliable pain ratings X of the time which would suggest that pain could have been considered a limiting factor during functional testing. X was unable to achieve X of the physical demands of X job / occupation. X underwent a Behavioral Evaluation and Request for Services (X) dated X completed by X, LCSW /X, PhD. X was referred for a behavioral evaluation for input regarding treatment planning, in particular whether referral for mental health treatment would be appropriate at the time. X stated that X sustained a work-related injury on X while working as X. X stated "X. At that time, I felt a pop in my back. I dropped the X." X stated that X coworker picked X up, but X was unable to stand up straight. X stated that a family member attempted to drive X to the hospital, but X said X could not sit down. X stated an ambulance was called and X was transferred lying down. X attempted to work light-duty following the injury, but was unable due to pain and decreased physical function. X stated that X hurt X lower back in the work-related injury. X reported seeing Dr. X MD, Dr. X MD, Dr. X MD, and Dr.X, MD for X work-related injury. X reported receiving several levels of treatment including: x-ray, MRI, surgical consultation, physical therapy, tens unit, and medications. X stated X had completed X sessions of Physical Therapy. X stated that PT was not helpful. X hoped the X would be more beneficial. X had been denied. X also expressed the desire to manage X pain without medication use. Since the work-related injury, X psychophysiological condition had been preventing X from acquiring the level of stability needed to adjust to the injury, manage the pain more effectively, and improve X level of functioning. X complained of muscle tension, difficulties adjusting to injury, fear of re-injury, sadness, and discouragement about the future. X reported that the primary location of X pain was X "lower back." X stated X pain radiated down X legs. X used the following words to describe the pain which X had experienced since the injury: “shooting, aching, numbness, and pins and needles." X reported that the type and intensity of pain changed depending on the

type / level of activity. X rated X pain level at a "X " and reported it could flare up to a level “X” at times and get down to a level “X” on X best days. X stated most daily activities increased the pain. bending, standing, sitting, or walking for too long increased the pain. Lying on the left side and using a X temporarily reduced the pain. X stated that the pain interfered with every aspect of X daily life. It was difficult to do activities of daily living like cooking, cleaning, driving, grocery shopping, yardwork, etc. X also stated X could not work or exercise. X was unable to lift or play with X children. X stated X could not help X wife take care of their X. X also stated X injury, pain, and mobility issued had increased X fear of re-injury. X reported getting X hours of interrupted sleep per night. X reported difficulty falling asleep due to pain, inability to get comfortable, and anxiety. X stated X rested "most of the day." X did not nap during this time. X was physically active about X minutes per day. X had to take frequent X to X-minute breaks between everyday activities. X reported X pain increased the more active X was. X interest in activities outside of the home had changed since X injury. X stated X did not like to go to the movies or restaurants because sitting too long was painful and uncomfortable. X stated X was also not as social, X could not play sports with X children, and could not exercise due to X work-related injury. X stated X worried "am I going to ever be as well as I was before the injury?" X reported a desire to learn how to manage and lower X pain. X reported having difficulty managing X pain and experienced a great deal of interference with activities of daily living due to X pain and difficulties adjusting to X injury. X reported feelings of some depression and anxiety, which were secondary to the work-related injury. X experienced symptoms of motivation decrease, feelings of inadequacy, and restlessness. X also experienced stress regarding the treatment process of X injury. X reported being under emotional distress and having many feelings that X had not expressed or explored. X reported X had tried to remain as active and involved with X life; however, had difficulty coping with X pain and adjustment difficulties relating to X injury. The following

tests were administered in addition to the interview and mental status examination: Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R), Fear Avoidance Beliefs Questionnaire (FABQ). The BDI-II score was X , within the moderate range of the assessment. On the BAI, X scored X , within the mild range of the assessment. SOAPP-R score was X , indicating a X. On the FABQ, activity scale, X score X out of X (high) and on the work scale X score X out of X (low). On mental status examination, X demonstrated several pain behaviors during the evaluation, such as repositioning, wincing, standing, groaning, and stretching. X demonstrated a moderate problem with frustration tolerance. X reported feeling "frustrated." X affect appeared congruent to mood. In summary, the pain resulting from X injury appeared to have severely impacted normal functioning, physically and interpersonally. X reported frustration and anger related to the pain and pain behavior, in addition to decreased ability to manage pain. X reported high stress resulting in all major life areas. X would be benefited from a course of pain management. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting X daily functioning. X should be treated in a pain management program with both behavioral and physical modalities as well as medication monitoring. The program was staffed with multidisciplinary professionals trained in treating chronic pain. The program consisted of, but was not limited to, daily pain and stress management groups, relaxation groups, nutrition education, medication management, and vocational counseling as well as physical activity groups. These intensive services would address the current problems of coping, adjusting, and returning to a higher level of functioning as possible. An MRI of lumbar spine dated X revealed the following findings: There was minimal spondylosis at X and X, and X. At X, there was mild-to- X. X on disc bulging measured X mm in AP dimension collectively. Lateral recesses were narrowed, right slightly more than left. AP dimension of the thecal sac was X mm at the midline.

X showed mild-to-moderate right and mild left encroachment. At X , mild X was noted. X with X. X showed X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: “The recent X request was submitted for diagnosis of lumbar radiculopathy and recent notes provided document signs and symptoms of radiculopathy. Whether it is addressed under the claim or outside the claim, radiculopathy is a barrier to recovery that needs to be addressed/acknowledged. ODG criteria are not met given these circumstances. Recommend denial of CPMP for diagnosis of lumbar sprain. “On X, an appeal letter was documented by X / Dr. X/ Dr. X regarding the recent denial of the X. It was noted that medical records may indicate symptoms of radiculopathy, but this diagnosis had been deemed pre-existing and not related to X work-related injury. The diagnosis accepted by Workman's Compensation and the diagnosis that would be addressed in the X was Lumbar Strain. While X may have radiculopathy, it was not the only physical issue contributing to X pain and decreased physical function. The X may not eradicate all pain, but it was hoped that it would be reduced enough to increase X physical / emotional function and allow X to return to work. X had been denied all other medical treatments which may reduce X pain and increase physical function. It was believed that the physical conditioning and manual manipulation aspect of the X would provide the most comprehensive and effective treatment available. In addition to chronic pain, X had exhibited symptoms of anxiety and depression since X work-related injury. X stated that X depression and anxiety began after X work-related injury and they stemmed from chronic pain, insomnia, extended recovery time, fear of re-injury, financial strain, difficulty adjusting to X injury, strained relationships, and increased concerns about X physical health. X stated that these emotional issues affected every aspect of X daily life. X stated that post-injury depression and anxiety persisted though X was currently participating in X. It was believed the group therapy aspect of the X, in

addition to current behavioral health treatments, would increase treatment outcomes because of the chronic pain / injury-focused behavioral health treatment and emotional support the program provides. The ultimate goal of the Xwas to restore X physical and mental health function without the use of medication, so X could resume activities of daily living, work, and healthy social practices. X had exhibited a desire to reduce pain and mental health distress, improve physical function, and return to work as soon as possible. Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “In this case, prior treatment included X physical therapy sessions, after which X progress toward return to work was reported. Although the patient was noted on peer-to-peer to be completely off work, the patient does not appear to have exhausted conventional treatment options. On peer-to-peer, I asked if any other conservative treatment had been tried. X noted some denials of authorization requests for surgery and injections but no other treatments were noted. A X is premature. Therefore, the requested X is not medically necessary. “Thoroughly reviewed provided documentation including imaging findings, provider documentation, and peer reviews. Provider documentation notes the patient has had some physical therapy, TENS unit treatment, as well as oral pain medication. Providers requested X but were denied. Thus conventional treatment options may not be available to patient. The patient could potentially benefit from further physical therapy as may have only completed as little as X sessions of physical therapy, but the patient also felt like these sessions were ineffective. Given time frame from injury, extensive documentation of work demands, multidisciplinary evaluations as well as documentation of known psychological barriers, pursuing a chronic pain management program is warranted and met under ODG criteria mentioned by initial peer review. Patient also needs to consider nonconventional or multidisciplinary treatment given X development of a X. X is medically necessary and certified

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

Provider documentation notes the patient has had X. Providers requested X but were denied. Thus conventional treatment options may not be available to patient. The patient could potentially benefit from further physical therapy as may have only completed as little as X sessions of physical therapy, but the patient also felt like these sessions were ineffective. Given time frame from injury, extensive documentation of work demands, multidisciplinary evaluations as well as documentation of known psychological barriers, pursuing a chronic pain management program is warranted and met under ODG criteria mentioned by initial peer review. Patient also needs to consider nonconventional or multidisciplinary treatment given X development of a X.X is medically necessary and certified
Overturned

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**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**