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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 OTX
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 is a X who was injured on X. X stated while working for X as a X, X was injured while performing X normal work duties at X normal capacity. X reported X. X stated that as a result of the work injury, X sustained injuries to X. The diagnosis was sprain of cervical ligaments, initial encounter; sprain of ligaments of thoracic spine, initial encounter; contusion of thorax, unspecified, initial encounter; and posttraumatic headache, unspecified, not intractable. X, DC / X, DC saw X for follow-up evaluation on X. X reported being injured at work after which X presented to X where X was examined and prescribed X and X for pain and muscle spasm relief. Despite taking the medications as prescribed, X pain symptoms persisted with time. At the time, X reported X. Cervical and lumbar MRI testing revealed X. A pain management consult prescribed X. At the time, X were recommended for which they continued to await approval. X continued to report X. Approval and scheduling with a GI specialist for treatment was awaited. A letter of causation was sent explaining the extent of injury and need for obtaining the medically necessary X. X continued to report X. Worsened pain was still reported with X. X had completed the X noting X pain persisted. X revealed X current X was below that required for a full-duty return to work (RTW) status. A behavioral evaluation opined X was a candidate for X program. This had now been denied twice. Dr. X had requested an IRO and were awaiting a decision. X reported a hearing scheduled for X. X was not currently able to perform normal work duties as they risked worsening of X condition. X would continue off from work. on examination, X carriage and X. X noted X. X noted findings of X. X noted moderate X. On visual evaluation, the X. X was X. X noted X. X was palpated in the X. X was palpated in the X. X was X. X (indicating possible discogenic injury) was X. X was positive for X. X was restricted X. On visual evaluation, the thoracic spine was X. X had X for the duration of the examination. X had difficulty X. X movement appeared to be X. X noted moderate-to-severe X. X in the X. X was palpated in the X. X was positive for X. X was positive for pain. X was restricted in flexion and extension. X revealed X. The assessment was sprain of cervical ligaments, initial

encounter; sprain of ligaments of thoracic spine, initial encounter; contusion of thorax, unspecified, initial encounter; and posttraumatic headache, unspecified, not intractable. Dr. X awaited the IRO decision for X to increase X physical demand level (PDL) to that required for a full-duty return to work. They were also awaiting approval and scheduling for a X. X was off work at the time. An MRI of the lumbar spine dated X identified the following: 1. At X, there was a X. An MRI of the cervical spine dated X revealed the following: X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X and a peer review by X, MD dated X, the request for X was denied as not medically necessary. Rationale: "As noted in ODG's Fitness for Duty Chapter Work Conditioning, Work Hardening topic, the best way to get an injured worker back to work is via a modified duty return to work program. There, it is unclear why attempts to return the patient back to modified duty work had not been made prior to the request for X being initiated. ODG further stipulates that a X is indicated in cases where an individual presents with a valid work-related musculoskeletal deficit with superimposed behavioral deficits. There, however, the validity of the X reportedly identifying the presence of X. Multiple components of the request are, thus, at odds with ODG Guidelines for pursuit of the program in question. Therefore, the request for X, is not medically necessary. "Per a reconsideration review adverse determination letter dated X and a peer review by X, MD dated X, the appeal request for X was denied as not medically necessary. Rationale: "Based on the review of the provided documentation, the claimant had complaints of the cervical spine. Per ODG, "Timelines: X visits over X weeks, equivalent to up to X hours." According to the most recent note, X. There was X. Visual evaluation of the chest noted X. X revealed mild to moderate X. Visual evaluation of the X. X was X. X noted moderate X. X was palpated in the X. X was palpated in the X. X was positive for X. X was positive for X. The X of the cervical spine was restricted X. This case was previously denied by Dr. X as, "There, however, the validity of the X reportedly identifying the presence of X is suspect, given reporting to the effect that moderate to severe pain interfered with the claimant's performance of X. Multiple components of the request are, thus, at odds with ODG Guidelines for pursuit of the program in question." Due to the persistent limitations, the requested X. This is an appeal to review X. Requested X is not medically necessary. The requested X not medically necessary. The medical records do not demonstrate that the claimant has attempted to return to work in a modified duty. X evaluation demonstrates that the X is

questionable. Therefore, the guidelines have not been met for the requested X. 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:

The requested X is not medically necessary. The medical records do not demonstrate that the claimant has attempted to return to work in a modified duty. A X evaluation demonstrates that the X is questionable. Therefore, the guidelines have not been met for the requested X. X is not medically necessary and non certified

Upheld

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTX
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
- OTX 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