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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 with a date of injury of X. X stated that X. The assessment was lumbar sprain / strain. X was seen by X, MD on X. X was being re-evaluated with respect to a work-related injury sustained on X. X. The pain was constant, rated at X. X made the pain worse. On examination, X blood pressure was X. X had X. X was decreased by X. X was X. The assessment was lumbar sprain / strain. Treatment plan was to proceed with a X. X, LCSW / X, PhD / X, MD completed a X. The claimant was referred for a behavioral evaluation by Dr. X, MD who requested input regarding treatment planning, in particular, whether referral for X. X was involved in a work-related injury on X. X was unable to return to X previous work duties. X stated that X was working light duty at the time. 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 reported a history of X. X stated that X had attempted suicide during X second marriage. X reported X. The primary location of pain was in X lower back and legs. The pain radiated from X. The pain was rated at X. A request for X was provided. it was documented that "The pain resulting from X injury has severely impacted X. The patient reports frustration related to the pain and pain behavior, in addition to decreased ability to manage pain. Pain has reported X. The patient will benefit from a course in X. It will improve X ability to X. The patient should be treated daily in a X. The program is staffed with multidisciplinary professionals trained in treating X. The program consists of, but is not limited to a X. These intensive services will address the current problems of X." A Functional Capacity Evaluation was completed by X, X on X. The purpose of the evaluation was to determine X tolerance to performing work tasks. The diagnosis was radiculopathy, lumbar region. It was documented that "Client demonstrated the ability to perform within the SEDENTARY Physical

Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which is below X jobs demand category. Based on sitting and standing abilities, client may be able to work full-time within the functional abilities outlined in this report. It should be noted that this client's job as an X. The client lifted 25 pounds to below waist height. The client lifted 20 pounds to shoulder height and 5 pounds overhead. The client carried 10 pounds. Pushing abilities were evaluated and the client pulled 8 horizontal force pounds and pushed 10 horizontal force pounds respectively. Non-material handling testing indicates the client demonstrates an occasional tolerance for Dynamic Balance, Bending, Sustained Kneeling, Squatting, and Walking. The client demonstrated the ability to perform Above Shoulder Reach, Fine Coordination, Firm Grasping, Pinching, Sitting, and Standing with frequent tolerance. Forward Reaching and Simple Grasping were demonstrated on a constant basis. The functional activities this client should avoid within a competitive work environment include Stair Climbing. "An MRI of the lumbar spine was performed on X for low back pain. At X, there was X. At X, there was X. At X, there was X. At X, there was X. X bilaterally. There was X. At X, there was X. There X bilaterally, X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for a X was denied by X, MD. Rationale: "Official Disability Guidelines conditionally recommend X" On X, the claimant presented for X low back injury. X reported X. Pain level was X. X has received X. Examination of the lumbar spine showed X. Behavioral Evaluation dated X stated that the pain resulting from the claimant's injury has severely impacted normal functioning physically and interpersonally. X reported frustration related to the pain and pain behavior, in addition to decreased ability to manage pain. X has reported high stress resulting in all major life areas. In this case, it does not seem that the claimant had exhausted all other options for treating X. It was noted that the claimant has not had X. However, per progress report dated X, it was mentioned

that the claimant has been approved for the X. There is conflicting information provided and the claimant does not meet the guideline's criteria. As such, the medical necessity has not been established for X". An appeal letter was written by X, LCSW /X, PhD /X, MD on X regarding denial of the X. It was documented that "The reviewer stated that the program was denied because the patient has not exhausted all other treatment options. The reviewer noted that the X progress note stated the patient was approved for X, but the Pain Program evaluation stated that they were denied. Patient was initially denied X on X. After an appeal, the procedures were approved on X. A peer review dated X overturned the approval, deeming various diagnoses unrelated to the X injury. Because of peer review determination, the patient is unable to obtain X. Please see attached documentation regarding determinations. X has exhausted all other medical treatment, therefore our request meets ODG guidelines. The ultimate goal of the X . X has exhibited a X. We ask that you approve X. "Per a reconsideration / utilization review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "ODG by MCG Low Back (Updated: X)X. The patient is a X who sustained an injury on X. The patient has X. The provider is appealing a denial for a X. As per the provider, the patient may benefit from a X. This inherently proves the provider thinks that not all treatment has been exhausted. Hence, the request remains denied. The requested X is non-authorized. "Thoroughly reviewed provided documentation. Peer reviews took mention with a X. The appeal letter from the provider mentions that patient may have exhausted all medical treatment. Even if patient unable to get X. The requested X is not medically necessary and non-authorized."

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

Peer reviews took mention with a X. The appeal letter from the provider mentions that patient may have exhausted all medical treatment. Even if patient unable to get X. The requested X is not medically necessary and non-authorized.”

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
- 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
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)