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**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 sustained an injury on X while working as a X. X lost X. X heard a X. The diagnoses included sprain of ligaments of lumbar spine, initial encounter; lumbar discogenic pain syndrome; contusion of right hip; lumbar radiculopathy, right; and strain of right hip. On X, X was discharged from X. X completed X sessions. X was unable to perform X of X job's occupational demands. The limiting factor included increased pain. X demonstrated the ability to perform X of the physical demands of X job as a X. The return to work test items X was unable to achieve successfully during the evaluation included X. X demonstrated the ability to perform within the X. Based on X, 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 X. Functional capacity evaluation was performed by X, NASM-CPT on X to determine X overall musculoskeletal and functional abilities as it related to the physical demands. X demonstrated X. During the evaluation, X was unable to achieve X. The limiting factor(s) noted during those functional tests included X. During functional testing, X demonstrated consistent effort throughout X. The job-specific evaluation was performed in a X. The return to work test items X was unable to achieve successfully during the evaluation included X. X demonstrated the ability to perform within the X. Based on X, X may be able to work X. It should be noted that X job as a X is classified within the X. On X, X was seen by X, MD for a follow-up of low back pain. X reported X pain radiated to left lower extremity. X underwent a X. On X, X reported

X pain relief. X endorsed X, rated X. X was working X regular duty. The pain was aggravated by X. Nothing made it better. On examination, X. Lumbo-sacral flexion, extension, and rotation were decreased by X in all planes. Motor strength was X in bilateral extremities. Straight leg raise was X. Paravertebral spasms were noted in the X. Dr. X, DC performed an impairment evaluation on X. X was born X. X complained of low back pain, right lower extremity pain, stiffness in the left lower extremity, and intermittent numbness / tingling in the feet bilaterally. X diagnosis accepted by the carrier was lumbar sprain. The sprain was complicated by significant pre-existing lumbar spine degeneration. X weight was 170 pounds. On examination, there was mild left and moderate right paravertebral muscle spasm from X through X. There was tenderness over X and X. Lumbar range of motion was limited in flexion, extension, and left lateral flexion. Right straight leg raise caused pain in the lumbar spine. Kemp's test was positive bilateral and Yeoman's test was positive on the right. It was opined that X reached clinical maximum medical improvement for the compensable lumbar sprain on X. The whole person impairment was rated X for residual functional loss. Per the discharge summary note by chronic pain management program dated X by X, LCSW / Dr. X, / Dr. X, X participated in the Chronic Pain Management Program (CPMP) from X. X completed X program hours. X was compliant and highly engaged in the program. X participated in group activities / discussions and was supportive to group members. X seemed to have incorporated coping skills learned in the CPMP to manage their chronic pain and promote physical and mental health stability. X reported physical and mental improvement since completing the program. X reported that X average pain level was a X before the program. Upon completing the CPMP, X reported an average pain level of "X." X stated that pain primarily occurred when specific actions were completed. Prior to beginning CPMP, X reported sleeping an average of X interrupted hours per night. Upon conclusion of the program, X reported sleeping X uninterrupted hours nightly. X reported continued reliance on

pain medication. X reported taking X and X 3 times daily and X. X expressed the desire to manage X pain without pain medication. Prior to the CPMP, X reported struggling with chronic pain and some depression and anxiety associated with X work-related injury. While X continued to experience pain and exhibit some behavioral health symptoms, X reported that it was not as severe or detrimental to their overall physical and mental function. Prior to beginning the CPMP, X scored a "6" on X Beck Depression Inventory and a "4" on the Beck Anxiety Inventory. Both BDI-11 and BAI were within the minimal range. After completing 25 sessions of the CPMP, X reported a slight increase in anxiety and depressive symptoms. X scored an "8" on the BDI and a "4" on the BAI. Again, both BDI-11 and BAI scores fell within the minimal range. X attributed increased scores to the persistence and possible permanence of X pain. X scored a "3" on SOAPP-R scale score (risk of substance abuse) before beginning the program and a "5" after program completion. Both scores were considered within the low range. X attributed increased scores to the persistence and possible permanence of X pain. X Fear Avoidance for Physical Activity and Work Activity were assessed before and after the CPMP using the Fear Avoidance Beliefs Questionnaire (FABQ). X scores remained in the low range from the beginning and the end of the program. Before the CPMP, X scored an "8" for physical activity and a "21" for work activity. After program completion, X scored a "14" for activity and "25" for work. Again, X attributed increased scores to the persistence and possible permanence of X pain. X seemed to have a strong support system and adequate internal coping skills to maintain mental health stability. Because anxiety and depression were minimal and seemed dependent on physical rather than emotional capabilities, additional behavioral health treatment did not seem necessary at that time. It was believed that participating in physical conditioning or another supervised exercise program would be sufficient to manage the patient's behavioral health needs. X stated that despite progress, X did not feel ready to return to work at that time. The

providers believed an additional physical conditioning program would decrease pain; increase strength, range of motion, and endurance; and facilitate lasting change needed to sustain physical and vocation function. It was opined that X would continue medical treatment under X treating physician and specialist(s), if needed, pending Worker's Compensation approval. CT scan of the lumbar spine on X revealed a negative compression fracture and mild degenerative changes of the lumbar spine. An MRI of the lumbar spine on X showed X. X-rays of the lumbosacral spine on X revealed X. Needle EMG of bilateral lower extremities on X was consistent with X. Per the adverse determination by X, DO on X, the request for X was non-certified. Rationale: "The Official Disability Guidelines, recommend massage therapy as an option in conjunction with recommended exercise programs. In this case, on X, the claimant follow-up with complaints of low back pain. The pain radiates to left lower extremity. Objective findings noted no changes to the physical exam since the last visit. X was performed at this visit with no noted complications. The clinical document does not note the claimant was participating in an exercise program to support the request for massage. The guidelines indicate massage is recommending in conjunction with an exercise program; therefore, the request is not supported. As such, the request for X is non-certified." In an appeal letter dated X by X, NASM-CPT /X, PhD, LFC-S /X, MD wrote, "Reviewer denied X for X. The reviewer cited the following rationale for denial: "Upon completion of X is medically warranted for the same condition or re-injury.'\* X completed the Chronic Pain Management Program on X. Following completion X was approved for Work Conditioning in regards to the same injury of lumbar. During the Work Conditioning sessions the patient was X. The re-evaluation for X noted limiting factors of increased pain, maximal effort and sensation. X was unable to achieve X of the physical demands of the job. X received a X on X. This treatment reduced the patient's pain and symptoms. An X was submitted X by Dr. X, MD. The patient reports an average pain level of \*X." which can spike to a "X"

at X current activity level. The patient reported that X is not working and X is unable to perform many activities of daily living. If the patient should attempt to increase activity level such as returning to work, without proper physical training X average may remain at a "X" or increase. With reduced pain we believe X will be able to meet X of the physical demands of the job. While the patient has stated that X would return to work if additional medical treatment is denied, we do not believe X would be able to sustain continued employment at this or increased pain levels. We believe that the X will help the patient lower X baseline pain level, which will make returning to work more feasible and sustainable. The reviewer also noted that the patient cannot perform X of X job duties. The X re-evaluation completed on X by X at The X indicated the following: "the return to work test items this patient was unable to achieve successfully during this evaluation include bending, sitting, pushing, pulling, and carrying." The patient is a X; the majority of X job requires standing for long periods and bending often. If the patient does not meet these return to work requirements, again, returning to work may not be feasible and or sustainable. We believe the physical conditioning and hardiness aspect of the WC will reduce the patient's pain, and increase strength/mobility, which will increase the patient's ability to return to work and improve overall physical function. Finally, the patient reported no history of X prior to X work-related injury. X stated that these new mental health issues are affecting even/ aspect of X daily life. Patient notes increased X. While these may be deemed "mild," they are negatively affecting X daily life and possibly X recovery process. We believe the X will provide the patient with the coping skills needed to address/cope with X. The reviewer further notes that the patient is being requested to repeat a program upon completion of a previous program. Patient was not discharged from WC. Yet, re-evaluated for additional sessions of WC. The patient expressed a desire to manage X pain without the use of medications, which is a criteria of the ODG guidelines. We believe the X would provide X the opportunity

to decrease pain without use of medication, while improving physical and mental health function. We ask that you X, so X can reduce X pain, improve X.” Per review by X, MD on X, the request for X was non-certified. Rationale: “The Official Disability Guidelines states that neither X. This includes X. X involves an X. The documentation provided for the review indicated that the claimant previously participated in a X. There was also a reference to X. The reports stated that the claimant recently received an X on X. The treating physician failed to elaborate on why the claimant would benefit from a X. As such, in accordance with the previous denial, the request for X is non-certified.” “Regarding the request for X. The Official Disability Guidelines support a trial of X visits over X weeks of manual perform fine manipulation, simple grasp, and firm grasp with both hands for those individuals with low back pain. The guidelines indicated that massage therapy is covered only when it is diagnosed and prescribed by a physician or referring provider (such as a Chiropractor) to treat a covered medical condition. The guidelines recommend frequency and duration of treatment for massage therapy to be the same as manipulation with a trial of X visits over X weeks with evidence of objective functional improvement and a total of up to X visits over X weeks. The guidelines state that massage may be recommended as an option in conjunction with recommended exercise programs. The information did not specify that the claimant would be receiving massage therapy in conjunction with an exercise program. Based upon the provided information, the claimant did not satisfy the criteria for treatment. As such, in accordance with the previous denial, the request for X is non-certified.” Per an addendum dated X, Dr. X wrote, “I received additional clinical documentation to include an addendum dated X. The document references an appeal dated X regarding X noting that the claimant completed a X on X and was then approved for X regarding the same injury to the lumbar spine. During the X, the claimant was aggravated with high pain interference. The reevaluation for X noted limiting factors of increased pain, maximal

effort, and sensation with the claimant unable to achieve X of the physical demands of the job. The claimant received a X on X which reduced the claimant's pain and symptoms. A request for an X was submitted on X. It was believed that the claimant would be able to meet X of the physical demands of the job with proper physical training. The physician believed that the claimant would be unable to sustain continued employment with the current or increased pain levels. It was believed that the X would help the claimant lower baseline pain levels to enable returning to work more feasible. While reentry into a work X may be reasonable, the additional documentation submitted did not address the other request for X. There was information reported during the peer-to-peer discussion regarding the claimant using X in conjunction with an ongoing physician-guided X that was not verified within the addendum from X. There was also no reference to X during the peer-to-peer conversation or in the addendum. Given the jurisdiction of the case, a modified approval cannot be given without corroborating information to support the peer-to-peer conversation. As such, there is no change to the current determination." Patient with ongoing treatment for pain issues related to lumbar radiculopathy. Has completed significant X. Pain appears improving based on documentation but still with functional impairments related to pain that make return to full duty work difficult. Though there are X. It was noted that the patient had decreased levels of pain as well as improved strength - both important given the patient's job requirements. Further X could allow the patient full return to work and is warranted. X for the lumbar total-X is medically necessary and certified

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

Patient with ongoing treatment for pain issues related to lumbar radiculopathy. Has completed X. Pain appears improving based on



documentation but still with functional impairments related to pain that make return to full duty work difficult. Though there are some X. It was noted that the patient had decreased levels of pain as well as improved strength - both important given the patient's job requirements. Further X could allow the patient full return to work and is warranted. 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