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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  
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 was injured on X. X sustained a X. The diagnosis was posttraumatic stress disorder, unspecified. X underwent evaluation on X by X, LMSW / X, MS, LPC-S for mood disturbances, anxiety disorder, sleep disorder, vocational concerns, psychosocial stressors, and physical limitations. X was referred for initial / limited diagnostic screening for anxiety, depression, significant mental stress, physical / somatic symptoms or psychophysiological symptoms related to X affect. The recommendations were based on the psychological / emotional aspects of the injury, the treatment history, response to treatment, and psychosocial stressors that may be hindering expected recovery. X was recommended by Dr. X to participate in X. At the time, X had a head injury. X experienced vision problems in X left eye from getting hit, neck pain, dizziness, and suffered weekly headaches, which X attributed to the X. X went to the gym regularly, but reported that since the incident, it had been harder for X work out. X reported X sleep had been disturbed due to nightmares. On mental status examination, X was an alert, attentive individual who showed no evidence of excessive distractibility and tracked conversation well. X presented via telemedicine. X affect was angry and frustrated. Memory functions were grossly intact with respect to immediate and remote recall of events and factual information. X thought process, at times, would become confused when communicating X past memories. There was no evidence of perceptual disorder. X level of personal insight appeared to be good, as evidenced by ability to state X ongoing diagnosis and by ability to identify specific stressors which precipitated the ongoing exacerbation. Professional clinical observation, interview and test results indicated X to be in the bright normal range of intelligence. Ongoing functional deficits were

noted in orientation / confusion, long-term memory, and abstract thinking. X reported affective anxiety, depression, and sleep disturbances, and or physical symptoms that started on X. On the Patient Pain Drawing, X reported aching pains in X head, base of skull, neck, and bilateral hips, along with ringing in X ears. On the Pain Experience Scale, X scored X, indicating severe amounts of emotional distress when X pain was at its worst. X 'very often' was depressed, thought of nothing other than X pain, felt sorry for herself, was afraid X pain would get worse, and wondered how long this would last. On the McGill Pain Questionnaire, X scored X, indicating normal pain episodes. X described X pain as throbbing, shooting, and hurting, and rated the severity as horrible. On the Fear Avoidance Beliefs Questionnaire, X scored X in the Physical Sub Score and X in the Work Sub Scale. These scores were suggestive of moderate levels of avoidance and fear related to X work related injury and the impact of the pain on X ongoing level of physical functioning. On the Quality of Life Scale, X rated herself at a X. X worked and was active eight hours daily, and took part in family life. X outside social activities were limited. On the Beck Depression Inventory, X scored X indicating severe depression. X reported problems with: sadness / crying, dissatisfaction, pessimism, insomnia, somatic preoccupation, work difficulty, and fatigability. On the Beck Anxiety Inventory, X scored X, indicating moderate anxiety. X reported problems with: numbness or tingling, feeling unsteady, fear of the worst happening, terrified, unable to relax, scared, and heart racing. On the Sleep Questionnaire, X scored X, indicating moderate sleep disturbances. X reported problems with: waking up too early in the morning, could not stop thinking while trying to sleep, sleep did not seem refreshing, and bad dreams. X attributed X sleep problems to pain and personal stress. X had trouble sleeping two out of seven nights a week and averaged at six to seven hours of sleep each night. X took X to help X sleep. On the Headache Impact Questionnaire, X had daily headaches in the previous X months. X rated the pain as X. X was X unable to engage in recreational or social activities

when X had a headache. On the Headache Scale, X rated the severity of X last headache a X and described it as throbbing. On the X, which was a self-reported checklist intended to serve as a means of assessing the presence and severity of PTSD symptoms, X endorsed X responses as occurring 'quite a bit or extremely'. X score of X was above the cut-point of X. The assessment included adjustment disorder with mixed anxiety and depressed mood and posttraumatic stress disorder, with depersonalization or de-realization or with delayed expression (provisional). X was recommended. X underwent a Functional Capacity Evaluation (FCE) on X by X, PT. X pre-injury job involved X. On X, X was X. X stated X was required to undergo X. As a result of X injuries, X also reported having hearing loss in the left ear and vision difficulties on the left. X was under the care of a neurologist, a neuropsychologist, and a psychiatrist. X continued to undergo counseling and had returned to work with the same employer but was working with X at the time. X physician had requested a functional capacity evaluation and recommended X for functional restoration program. X pre-injury job was at the Medium physical demand level (PDL) (X pounds) and required continuous sitting, carrying, stair climbing, and handling. Frequent lifting, standing, and walking were required, and occasionally, X was required to push, pull, balance, kneel, and reach. X lifting capacity from the floor was X pounds - Light PDL. X knuckle to overhead lift was X pounds. X complained of ear symptoms with attempted overhead lifting. X reported a history of a previous left hand injury. X was able to tolerate X minutes of walking, X minutes of standing, and X minutes of sitting. X had difficulty and / or increased symptoms with overhead work, carrying, reaching, and handling tasks. X did not meet job demands lifting, carrying, handling, and forward reaching. A job simulation circuit was designed, based on X critical job tasks, and X completed the job simulation circuit but required constant reminders for completing each task. X completed the cardiovascular treadmill testing with a fitness level score of good. Based on the results of the FCE, X did qualify for X pre-

injury job due to X limited lifting capacity and difficulty with handling, carrying, and reaching. The combination of these functional limitations prevented X from safely returning to X pre-injury job. X referring physician had recommended a Functional Restoration Program. Goals of Functional Restoration Program would include reducing pain behaviors and improve X overall functional capacity, allowing X to be independent with activities of daily living (ADLs) and household chores. Treatment to date included activity X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "X is not medically necessary. Based on the documentation provided, the requested X is not recommended at this time. Although the claimant has a history of continued pain secondary to work-related injury, there was lack of any clinical documentation to support the medical necessity of the requested testing. Therefore, X is not medically necessary. "Per a response to denial letter dated X by X, MS, X on X requested X, which were denied on X. X was appealing this decision, which was deemed denied due to the following reasons: "Date of Physician Determination: X Treatment Requested: X List of Medical Records Reviewed: Request for Psychological testing; FCE report X). Clinical Summary: Data reviewed consisted of the X request form and the submitted clinical documentation. X dated X dated X Provider Detail dated X Pre-Authorization Request dated X from the X- Requested by XLPC-S Prescription- Functional Restoration Program Referral Treatment Request dated X -signature Illegible Functional Capacity Evaluation dated X by X, PT, MBA, ATC. X is a X with a date of birth of X and a date of injury of X. X was hit in the head multiple times. The claimant presented on X for evaluation with a history of chronic pain. The claimant has difficulty with lifting, pushing, pulling, and reaching. Pain is aggravated with activity. No complications or comorbidities are provided. The claimant had a functional capacity evaluation. Decision: Non-Certified Clinical Rationale: X is not medically necessary. Based on the documentation provided, the requested X is not recommended at this

time. Although the claimant has a history of continued pain secondary to work-related injury, there was lack of any clinical documentation to support the medical necessity of the requested testing. Therefore, X is not medically necessary. X called the providers office on X at X PM EDT to notify X of the determination. A message with determination was left on voicemail." . Dr. X wrote "Several items need to be clarified in this denial. First, our office was called on X, which is a federal holiday; then the wrong office was called on X so we were unable to discuss with the physician advisor our rationale for the requested procedures mentioned above, therefore, please consider this appeal our request for reconsideration. In summary the referral information received by the referring doctor, X, M.D., in X, for X to progress into a Functional Restoration Program. With close review of all medical treatment provided to date, X has had Rest/off work, PT, and emergency medical care in X. X does see X. X injury was very traumatic, X sustained a head injury and multiple contusions/injuries to X face X. X has participated in X, starting X until X). Functional Capacity Evaluation (FCE) completed on X demonstrated X to be functioning within the Light Physical Demand Level (PDL); X work requires X to be at Medium PDL (FCE attached for complete review). X has been compliant with all doctor treatments and recommendations thus far. X has not had an opportunity to progress into a multidisciplinary program for Functional Restoration. Our rationale for the diagnostic interview (X hours), X is medically reasonable to review X appropriateness/candidacy. Progression into a trial of X hours of FRP will help reduce/increase X PTSD/affective functioning, overall endurance, strength, range of motion, address vocational concerns, decrease medications, and overall psychosocial stressors in order for X to safely back to gainful employment that will meet X physical functioning restrictions. With all of the above mentioned, it is evident that X suffers from X and has the following accepted medical diagnoses of: F43.10-Posttraumatic stress disorder, unspecified. Lastly, references by Official Disability Guidelines-ODG managed by MCG, body

system for Mental Illness and Stress; Treatment: Diagnostic Testing/Psychological: updated X; Psychological Evaluations are recommended prior to admission into a Functional Restoration Program (FRP). This is also further stated in ODG detailed reference for Pain (updated X), Treatment type, Other, Physical Medicine (Chronic Pain Programs for Pain), Functional Restoration Program (FRPs) for Pain/Psychological Treatment for Pain is recommended." Dr. X documented the respective ODG guidelines and wrote, "As per guidelines referenced above and medical records submitted for review, our request for the above-mentioned procedures (Diagnostic Interview, Psychological Testing/Evaluation, and Test Administration/Scoring) in order to determine X appropriate candidacy for such a request is reasonably necessary. Projected treatment is to improve overall quality of life." Dr. X requested that the case be reopened for an appeal. Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was non-certified. Rationale: "Per ODG by MCG Psychological Evaluations for Mental Illness and Stress (Last review/update date: X), "A few, but not all, psychological evaluations are widely accepted, well-established diagnostic tests for selected pain disorders, and in subacute and chronic pain populations. Diagnostic evaluations should be selected to distinguish between conditions that are pre-existing, caused, or aggravated by a current work-related or other injury. Psychosocial evaluations should be individually considered to determine whether further psychosocial interventions are indicated. " In this case, the patient X. Repeat testing is not indicated. There are no documented extenuating circumstances for this patient that would warrant exceeding guidelines or going outside of them. Therefore, this request is not certified. "No previous psychological assessment identified in records. Client has completed X. It is unclear if therapy has been helpful, despite X engagement. ODG allows for well-established diagnostic testing for pain and mental health disorders for placement in an FRP/CPM. FRP was recommended by X treating physician because of

X ongoing physical limitations, and psychological assessment would validate/invalidate this request for FRP. Records (i.e., therapy notes) include elevated scores in depression, anxiety, and pain related symptoms, as well as X, which is consistent with X diagnosis of PTSD. The criterion for PTSD is also identified in general descriptions by the client. X has been compliant with treatment. Further psychological testing is recommended based on these factors. X is medically necessary and certified

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

No previous psychological assessment identified in records. Client has completed X. It is unclear if therapy has been helpful, despite X engagement. ODG allows for well-established diagnostic testing for pain and mental health disorders for placement in an FRP/CPM. FRP was recommended by X treating physician because of X ongoing physical limitations, and psychological assessment would validate/invalidate this request for FRP. Records (i.e., therapy notes) include elevated scores in depression, anxiety, and pain related symptoms, as well as X, which is consistent with X diagnosis of PTSD. The criterion for PTSD is also identified in general descriptions by the client. X has been compliant with treatment. Further X is recommended based on these factors. 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