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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 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 stated that while X. The diagnosis was lumbar sprain / strain, lumbar radiculopathy, X disc herniation, aggravated; and X disc herniation, aggravated. Per a mental health evaluation (MHE) dated X completed by X, MS, LPC, stated that X was injured on X job on X. X was X. X stated X also felt burning and poking / stabbing pain going down to X feet. X had been treated with X. X continued to report high levels of pain. X expressed X. X also expressed concerns about X, X. X had been compliant with attendance and participation in X. Assessment results included as X was X. This indicated X. This score decreased the baseline assessment for the X. X was X, which was within the moderate range. This score decreased from X baseline assessment for the X was X. X was X, which was high on the physical activity portion of the assessment and X which was high on the work portion of the assessment. X ongoing score decreased from X previous score (X) for physical and decreased from X previous score (X) for work. X was x on average, X at its least and X at its worst. The average pain rating increased from X baseline score (X) and X least decreased from X baseline score (X). X worst score increased X baseline score (X). The above scores and ratings showed

improvement toward the listed goals on the initial assessment. X was compliant with attendance during X first set of approved sessions and X participation level was consistent. The recommendation was for continuation of X. Per a Report of X dated X completed by X, DC stated that X was seen for a X to reassess X ability to return to work and / or the need for additional rehabilitation. X occupation was as an X. X stated that while X. At the time, X complained of constant aching pain in the low back with intermittent sharp pain. X reported the intensity of the pain to be X. X also reported constant numbness in the left foot as well as occasional numbness in the right foot. X stated that laying down extending the back, sitting, driving, bending / stooping, stair climbing and activities associated with normal daily activities increase X overall pain level. X stated that sleeping on X side with a pillow between X knees would help to decrease X overall pain level. Physical examination revealed X was oriented to time, place and person. Mood appeared calm. X revealed no significant abnormalities. X revealed X. Lumbar spine examination revealed X. Slump test was X. X also reported that the intensity was greater on the left than right. X was X. X was X. X was X. X was X. X revealed X. X revealed X. X revealed a X. Lumbar spine's active range of motion in flexion was X degrees, extension to X degrees, right lateral flexion to X degrees and left lateral flexion to X degrees. Per the evaluation, X occupation's job demand was medium physical demand level and at the time X was performing at a light physical demand level. Functional capacity evaluation deficit analysis revealed that X was capable of performing at a Light physical demand level involving the injured

area(s) and continued to experience a moderate functional deficit as it related to meeting the standing (currently occasional versus constant job requirement), walking (currently frequent versus constant job requirement), bending (currently occasional versus constant job requirement), reaching overhead (currently frequent versus constant job requirement), reaching out (currently frequent versus constant job requirement), climbing (currently occasional versus constant job requirement), squatting (currently occasional versus constant job requirement), kneeling (currently occasional versus constant job requirement), floor lifting (currently X pounds versus X pounds job requirement), floor to shoulder lifting (currently X pounds versus X pounds job requirement), floor to overhead lifting (currently X pounds versus X pounds job requirement), two hand carrying (currently X pounds versus X pounds job requirement), pushing (currently X-X pounds versus X pounds force required job requirement) and pulling (currently X-X pounds versus X pounds force required job requirement) job criteria as defined by the Dictionary of Occupational Titles and / or X job description in interview. The recommendations included X had completed X of X (X hours) work hardening program (WHP) visits with the following gains: lumbar flexion, walking (from occasional to frequent), bending (from infrequent to occasional), reaching overhead (from occasional to frequent), reaching out (from occasional to frequent), climbing (from frequent to occasional), squatting (from infrequent to occasional), floor lifting (from X pounds to X pounds), floor to shoulder lifting (from X pounds to X pounds), floor to overhead lifting (from X pounds to X pounds), two hand

carrying (from X pounds to X pounds), pushing (from X pounds to X pounds) and pulling from X pounds to X pounds). X X dated mental health evaluation (MHE) revealed a X of X(X on X) indicating , X of X (X on X) indicating moderate anxiety, FABQPA of X (X on X) and a FABQWP of X (X on X) indicating maladaptive fear avoidance behavior with physical activity and work activity. Based on the results of this exam and considering the X mental health evaluation, X agreed with the recommendation of the X would be appropriate for X to further address the continued X. On X, X was evaluated by Dr. X for a follow-up visit for work-related low back injury. X reported constant sharp pain in the low back, especially with bending back or extending out. X reported the intensity of the pain to be X. X also reported numbness and burning / stabbing feeling in the both feet. X stated that extending the back, squatting, walking, sitting, driving, bending, lifting, twisting and activities associated with normal daily activities increased X overall pain level. X stated that alternating heat and ice helped to decrease X overall pain level. On examination, X revealed continued mild guarding of the lumbar spine. Postural evaluation revealed mild guarding of the lumbar spine. X was observed to be alternating leaning more to the left supported by X arms while sitting on that day. Lumbar spine and paraspinal musculature revealed X. X was X for X. X was X bilaterally for X. X was X. X was X. X was X on the X. X revealed X. X revealed X. X revealed a X: extension, lower extremities, left knee extension and flexion. Lumbar spine active range of motion revealed flexion to X degrees, extension to X degrees, right lateral flexion to X degrees and left lateral flexion to X degrees.

On assessment, the X dated lumbar MRI demonstrated degenerative changes at the X. In this particular case, the lifting of the heavy pipes with the lumbar spine in a flexed position, combined with a torsion component from lifting at awkward / odd angles generated a combined compressive and torsional force to the tile X. X had completed with X hours of a work hardening program with demonstrable progress. A request for an additional X hours was requested; however, it was apparently denied although they would appeal for it. An MRI of lumbar spine dated X demonstrated at X X. At X, there was X. There was moderate 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: "Based on the provided documentation the claimant has had minimal change with participation thus far with X. The claimant has non-work related factors present that may need to be addressed concurrently by the PCP. Previous certification was given with the expectation of improvement to facilitate return to work. Given the above, the requested X is not medically necessary. "On X, Dr. X wrote an appeal for denial of request for X. Dr. X documented about the non-certification recommendation that First, the "non-work related factors present possible needing concurrent treatment" and "non-work-related factors that may need to be addressed concurrently by PCP" was regarding a sickness in X that X and X X experienced (X cares for X) which required hospitalization of both and X X ultimately dying from. The peer-review doctor based X X psychological scores on this tragic situation; however, X X MHE revealed psychological scores higher than X X and X MHEs in

which X was participating in IT sessions before and after the incident indicating a higher level of depression and anxiety prior to this tragic event. X X MHE revealed a slight increase from X in depression (from X to X) and anxiety (from X to X) which was a minimal increase, and X FABQPA and FABQWA actually decreased during that same time period from X to X and from X to X respectively. X increased depression and anxiety were more likely related to frustration and depression that the designated doctor disagreed with X extent of injury which X continued to dispute. Second, X X FCE revealed gains in only X hours in the following: lumbar flexion, walking (from occasional to frequent), bending (from infrequent to occasional), reaching overhead (from occasional to frequent), reaching out (from occasional to frequent), climbing (from infrequent to occasional), squatting (from infrequent to occasional), floor lifting (from X pounds to X pounds), floor to shoulder liting (from X pounds to X pounds), floor to overhead lifting (from X pounds to X pounds), two hand carrying (from X pounds to X pounds), pushing (from X pounds to X pounds) and pulling (from X pounds to X pounds). These were significant gains for only X hours of the X. Therefore, Dr. X requested reconsideration of the denial for X. Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for continued X was denied. Rationale: "The current request is for an X. The claimant completed a X hour program recently with objective and subjective gains. This was authorized with the apparent understanding that no further X would be authorized due to the limited nature of the injury. It is unclear why the claimant was

unable to return to work with the prescribed program and while gains were made, there is no medical documentation to support an X of treatment. Recommend adverse determination.

“Thoroughly reviewed provided records including peer reviews. Agree with peer reviews that patient made minimal progress with prior X and in appeal letter, provider emphasizes psychosocial factors that can more specifically be treated than with a work hardening program. Thus, continued X is not medically necessary and none certified

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

Thoroughly reviewed provided records including peer reviews. Agree with peer reviews that patient made minimal progress with prior X and in appeal letter, provider emphasizes psychosocial factors that can more specifically be treated than with a X. Thus, continued X is not indicated. X is not medically necessary and none certified

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)**