Clear Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 CR
Austin, TX 78731
Phone: (512) 879-6370
Fax: (512) 572-0836
Email: @cri-iro.com

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 Overtuned (Agree in part/Disagree in part)

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X from a X. The diagnoses were traumatic subdural hemorrhage without loss of consciousness, initial encounter; post-concussional syndrome, other visual disturbances and unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture. Per a Report of Medical Evaluation dated X completed by X, MD, stated that X had not reached maximum medical improvement (MMI) but was expected to reach on or about X. Per a Functional Capacity Evaluation dated X completed by X, PT, stated that the purpose of this functional capacity evaluation was to establish X job specific capabilities. Per the evaluation, on X X from a X. As a result of this accident, X sustained a X. X stated X was hospitalized for approximately X weeks following this accident. X did not receive physical rehab but stated, at the time, X was receiving behavioral counseling. X physician had requested a X. X pre-injury job was at the (Medium PDL X pounds) and required continuous walking, standing and balancing. Frequently, stair climbing, ladder climbing, kneeling and handling required. Occasionally lifting, sitting, carrying, pushing, pulling, squatting, crawling, overhead reaching and forward reaching required. X ongoing lifting capacity from the floor was 0 (zero) pounds (Sedentary PDL). X was unable to lift due to physician's restrictions on bending and squatting. X knuckle to shoulder lift was 0 (zero) pounds. X attempted lifting X pounds from knuckle to shoulder but was unable to lift due to right shoulder pain and restricted shoulder motion. The same applied for shoulder to overhead level lifting (0 pounds). X completed X minutes of walking but complained of feeling unbalanced due to vision issues. X was able to complete X minutes of sitting and X minutes of standing. X was unable to tolerate overhead work due to restricted right shoulder motion and shoulder pain. X had difficulty and / or increased symptoms with forward reaching (used left hand only), pushing / pulling. X did not complete or was unable to perform crawling due to restrictions, squatting, kneeling. X only completed X seconds of stair climbing due to difficulty with vision and concentration. X did not meet job requirements for lifting, walking, overhead work, pushing, polling, carrying, crawling, stairs, squatting or kneeling. X was unable to perform the job simulation due to the above stated restrictions. X did not attempt the cardiovascular treadmill testing due to feeling unbalanced. Based

on the results of this FCE and X job description, X did not meet the minimal qualifications for X pre-injury job. X referring physician had recommended continuation of X. Goals of the X would be to reduce pain behaviors and improve X overall functional capacity therefore optimizing overall quality of life. Per a Treatment Progress Report with Mental Health Testing dated X completed by X LPC / X, LPC-S, stated that X had a work-related injury dated X. X was at work when X X. X had received X. Dr. X had referred X to participate in a X for X compensable injuries of: traumatic subdural hemorrhage without loss of consciousness, initial encounter; post-concussional syndrome; other visual disturbances; and unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture. X was recommending program intervention to increase physical functioning, improve pain-coping skills, and promote returning to a productive lifestyle at home and at work. At the time, X reported X medical problem as a head injury. X believed X medical problems were extremely severe at the time. X believed X medical symptoms, problems and/or disabilities were extremely permanent. X reported that since the date of injury; X course of recovery was worsening or increasing of medical / physical injury problems. X believed X work-related injury problems affected X all the time. X believed X work-related injury problems were about as bad as it could be. Regarding mental health, X did not report having received any mental health treatment. Over the course of mental health treatment of individual counseling / case management services, therapist assisted with behavioral techniques to address X case management needs, cognitive deficits, pain levels, and sleep disturbances. X actively participated in individual counseling sessions and verbalized a motivation for further treatment to assist X with future vocational planning and managing X pain symptoms and medication management for X pain. X was looking forward to continue therapy and rehabilitation to increase X independence from having to rely on family members and friends. X would benefit from additional therapy in order to learn coping techniques that would increase X independence, fear avoidance in order to assist X managing X pain / affective symptoms, vocational goals, replacing negative thoughts with positive thoughts, and recognizing mood triggers to assist X in decreasing symptoms. X expressed a desire to continue with counseling and services at X and had been attending regularly thus far. X ongoing psychosocial stressors were predominantly expressed as a concern about X finances, inability to return to work - and consequently take care of X family and self as X used to. When discussing these matters, X often became quite emotional

and cried. It had been recommended that X begin attending a X and would believe this could be of great benefit to X specifically so that X would have an opportunity to discuss X distress freely and away from family members as well as receive support on-site for X WC concerns. X was looking forward to an opportunity to be in an environment in which X could share X experiences and concerns regarding injury and struggles in recovery and processes involved in Workers Comp. X regularly reported exacerbated distress due to isolation with X anxiety and fear for X future ability to care for X and X family. X denied any head injuries or neuropsychological symptoms. X reported since the date of injury (DOI) X had headaches, blurred vision, paralysis on side of face, memory problems. X reported X diet had changed, X lost more than X pounds, and X had been extremely inactive due to pain. Regarding occupation, X believed pain and physical limitations were interfered with X ability to recover and complete work duties. X reported X employer was unsupportive and was not understanding. X also reported X financial situation was very strained, X only source of income came from disability payments. Regarding treatment, X continued to be under the care of treating physician Dr. X. X had received the following X. It was stated that based on the outcome of all medical treatment, it was the examiner's standpoint that X would highly benefit from a X. X would have the opportunity to receive physical, medical, and mental health treatment, along with the appropriate case management assistance. X had verbalized an interest in the program; X would like to proceed with the X; as X was at tertiary care. The symptoms/ Clinical Assessment Observations, included as regarding pain, X rated X overall pain at X, indicating severe pain. X reported aching pains in X head, neck, bilateral shoulders and face. On the Pain Experience Scale, X scored X, indicating severe-extreme amounts of emotional distress when X pain was at its worst. On the Fear Avoidance Beliefs Questionnaire, X scored X on the Physical Sub Scale and X on the Work Sub Scale. These scores were suggestive of elevated 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 X at X, (0=non-functioning; 0=normal). X struggled but fulfilled daily home responsibilities. X did not engage in outside activity and was unable to work. On the Headache Impact Questionnaire, frequency was in the last X months, X had endured daily headaches. X rated the pain intensity between X. When X had a headache, X was X unable to work. On the Neck Pain Disability Index Questionnaire, X scored at X, indicating a crippling perception of disability and functioning. On the Beck

Depression Scale, X scored X, indicating severe depression. On Beck Anxiety Inventory, X scored X, indicating severe anxiety. On the Sleep Questionnaire, X scored X, indicating severe sleep disturbances. On the Physical Symptom Scale, X endorsed high levels of somatic and functional complaints. X endorsed X of the X Somatic Complaints items. On the Psychosocial Scales, X reported a high Doctor Dissatisfaction. The assessment was traumatic subdural hemorrhage without loss of consciousness, initial encounter; post-concussional syndrome, other visual disturbances and unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture. At the time in X treatment, it was evident all primary and secondary levels of care had been exhausted, and X treating physician, Dr. X recommended to participate in a X. X had verbalized an interest in participating in the program. X continued to have pain problems, physical functioning deficits, psychological issues and vocational requirements that could best be addressed by a X. A Functional Restoration Program incorporated components of exercise progression, vocational assistance, disability management and psychosocial intervention. This would allow for maximum improved function within the identified treatment goals. Counseling and instruction in pain management and coping skills would be geared toward self-management of pain. At the time, they recommended X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Based on the clinical information provided, the request for X is not recommended as medically necessary. Post-DD RME dated X indicates that the claimant was X. The claimant was determined to have reached MMI as of X. On this date claimant had completed treatment with the treating physician. The claimant refused to have injections and had plateaued in X recovery. Of the X recommended by the Official Disability Guidelines (ODG), claimant only completed X. Therefore, medical necessity is not established in accordance with current evidence based guidelines. Recommend noncertification for X. Peer to peer was unsuccessful.” On X, X , LPC-S, wrote an appeal letter for denial of the request of a X. Vocationally, Mr. X main focus was to participate in all doctors recommended treatment to improve X daily functioning. Since the date of injury, X reported that X employer and/or supervisor had not shown X support, respect, and understanding. X was unable to return back to X employer. X understood that X job position required X to be within that of Medium. Current PDL: Sedentary. X denied and records reviewed did not show the patient ever having been on Workers' Compensation in the past, fired, or laid off from a job. X

reported working for X. X described X job as X. X main job description or responsibilities included the following: X. X in X opinion believed X did superior to most at X job compared to other people doing same or similar work. X believed there was extreme job stress or pressure for speed, perfection and production. The rationale for the requested program was medically reasonable as evident with all the medical information provided X was considered to be at tertiary care. FRP (if appropriately identified) would help increase X psychological functioning, overall endurance, strength, range of motion and decrease emotional symptoms, pain, and medications in order for X to increase X physical stamina to handle required work duties safely. X injury occurred approximately X year and X months. With a X year and X months date of injury, X remained compliant with all physician orders and was able to identify symptomology in X and reports realizing X psychological and physical limitations; X was motivated for continued treatment at this time. X was at risk for significant permanent loss of functioning related to psychological readjustment, vocational, and physical functioning. As evidenced by records reviewed and ongoing mental health as well as functional capabilities. X appeared to grossly show disuse compared to X prior adaptive, psychological, and functional capabilities. X also appeared to suffer at minimum from secondary pain because of X generalized deconditioning. X would need to increase X active adaptive psychological and physical capabilities as part of reducing X emotional and pain symptoms. X displayed in X roles an individual, worker, family member / provider, and patient, severe deficits in psychological capacities compared to prior injury status. While X reported having made X best efforts to improve (i.e., following all physician directives), X appeared to be significantly deteriorated across all major roles and environments, and appeared to be at risk of becoming a further disabled individual. This treatment team continued to recommend X as solution focused therapy in a group setting will further assist X in identifying barriers mentioned above. X suffered from chronic pain due to X work injury of X. X had the following accepted medical diagnosis: Traumatic subdural hemorrhage without loss of consciousness, Initial encounter; post-concussional syndrome; other visual disturbances; unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture. The request should be considered to be a medically appropriate treatment recommendation for X, as references by the Official Disability Guidelines managed by MCG-TWC body system for 'Pain': X for Pain' and 'Chronic Pain Programs for Pain' (Both last review/update: X) are not only 'Generally' recommended but also 'Conditionally' recommended for patients

with delay recovery and chronic pain as indicated. Lastly, this program would emphasize the importance of psychological functioning over the elimination of pain symptoms. The treatment plan would incorporate components of exercise progression with disability management and psychosocial intervention. The request of X weeks met the ODG regarding evidence of demonstrated progress prior to further requested treatment. The use of objective and subjective scoring would also be implemented to chart response to treatment intervention. Due to the specific information provided, X requesting the case be reopened for an appeal. Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines (ODG) recommends Chronic Pain Programs for Pain where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." The claimant is reported to have reached maximum medical improvement (MMI) on X. They refused X and their recovery is not progressing further. They completed on X. The claimant was adequately evaluated and has a significant loss of ability to function independently resulting from chronic pain. They are currently not a candidate for X They are motivated for change. They have exhausted primary and secondary level of pain management without much success. There is enough evidence in medical literature to support X, which comprises cognitive behavior therapy, biofeedback, stress management, psychoeducation, coping skill training, and relaxation training, is an effective method of managing pain. However, the claimant should do X. There is no documentation of motivation. There is a risk that X. Therefore, medical necessity cannot be established in accordance with current evidence-based guidelines. Recommend non-certification for X. “Claimant has attended X of the X and there was no identified progress fromX. There is concern that Claimant will not X. Unable to identify the appropriateness of X. X is recommended to complete individual therapy prior, to assess the appropriateness. 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:

Claimant has attended X of the X and there was no identified progress from these

sessions. There is concern that Claimant will not attend the X. Unable to identify the appropriateness of therapy. X is recommended to complete individual therapy prior, to assess the appropriateness. X is not medically necessary and non 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)**