

Applied Assessments LLC
Notice of Independent Review Decision
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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. There was no mechanism of injury available in the provided medical records. The diagnosis was (X) sprain of ligaments of lumbar spine, initial encounter.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "ODG by MCG Low Back (Updated: x) x." ODG by MCG Pain (Updated: x) x." ODG Criteria for the general use of X may be considered medically necessary in the following circumstances: (1) X. (2) X. (3) X. This should include pertinent validated diagnostic testing that addresses the following: (a) X; (b) X; (c) X; (d) x. (4) X. This must address evaluation of X. In this particular case, once X. Addiction consultation can be incorporated into a pain program. If there is indication that substance dependence may be a problem, there should be evidence that the program has the capability to address this type of pathology prior to approval. (6) Once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems, and outcomes that will be followed. (7) There should be documentation that the patient has motivation to change and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or willingness to decrease habituating medications... (10) Treatment is not suggested for longer

than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis." In this case, the patient has completed a X. Notes do not reflect that the patient continues to be significantly incapacitated to return to work at this point. As such, the requested X is not medically necessary."

Per a reconsideration review adverse determination letter / peer clinical review report dated X by X, MD, the request for X was denied. Rationale: "The provider has not provided any new clinical findings or compelling information to support overturning the prior non-certification. Based on review of the documents following an initial X. This was clearly illustrated in the available documents as the claimant had not returned to work or demonstrated a reduction in activity limitations. Additionally, per the X encounter note there was continued significant back pain and functional limitations that is worse with standing and walking. The provider recommended X. Moreover, the records do not demonstrate that after X. Guidelines require documented evidence of functional and symptomatic benefit following an initial trial of care. The provider has not provided any compelling information to justify additional treatment and further deviates from guideline recommendations. Therefore, based on guideline recommendations and lack of sufficient documentation to support this request, the appeal request is recommended non-certified."

Thoroughly reviewed provided records including provider notes and peer reviews.

It is unclear, based on provided documentation, if the patient still possessed functional impairments that would preclude return to work. In addition, it is unclear, based on provided documentation, if the multidisciplinary chronic pain program is resulting in objective improvement to warrant further sessions. 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:

Thoroughly reviewed provided records including provider notes and peer reviews.

It is unclear, based on provided documentation, if the patient still possessed functional impairments that would preclude return to work. In addition, it is unclear, based on provided documentation, if the X is resulting in objective improvement to warrant further sessions. 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:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE