True Decisions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #615
Mansfield, TX 76063
Phone: (512) 298-4786
Fax: (888) 507-6912
Email: @truedecisionsiro.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 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 was involved in a motor vehicle accident (MVA). The diagnosis was adjustment disorder with mixed anxiety and depressed mood, insomnia disorder, concussion, and neck strain.

On X, X was evaluated by X, MS, LPC / X, PhD, for X. The clinical impressions were as follows: On the Patient Pain Drawing, X rated X overall pain at a X, a decrease of 4 points, in X head and eyes with aching pain indicating annoying/mild, uncomfortable/ moderate pain. X rated X overall pain at a 4 pain at X lumbar region with aching pain uncomfortable / moderate pain. X rated X overall pain at a X at X right knee and X on X left knee with aching and stabbing pain indicating dreadful / severe pain. X rated X overall pain at a X for both right and left ankle with pins and needles indicating annoying / mild, uncomfortable / moderate pain. On the Pain Experience Scale, X scored X, an increase of X points, indicating severe-extreme amounts of emotional distress when X pain was at its worst. X 'very often' felt overwhelmed, felt anxious, felt everyone was getting on my nerves, thought "it is so hard to do anything when X have pain," thought of nothing other than “X pain,” 'often' felt frustrated, and felt irritable. On the McGill Pain Questionnaire, X scored X, an increase of X points, indicating severe dilatability pain episodes. X described X pain as piercing, tearing, stinging, freezing, hurting, and blinding. X felt the pain was grueling, dreadful, and torturing, and believed it was annoying and agonizing. X reported the frequency as continuous and the severity as horrible. On the Fear Avoidance Beliefs Questionnaire, X scored X, a decrease of X points on the Physical Sub Scale, and X, a decrease of X points, from the last points in 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 a X; prior rating was a X, X (0=non-functioning; 10=normal). X got dressed in the morning, did minimal activities at home, contacted with friends via phone, email. On the Beck Depression Inventory, X scored X, a decrease of X point X, indicating mild moderate-severe depression. X reported problems with; somatic preoccupation, fatigability, work difficulty, dissatisfaction, irritability, and indecisiveness. On the Beck Anxiety Inventory, X scored X, a decrease of X points, indicating severe anxiety. X reported problems with: fear of dying, wobbliness in legs, shaky, feeling hot, indigestion or discomfort in abdomen, and inability to relax. On the Sleep Questionnaire, X scored X, a decrease of X point, indicating severe sleep disturbances. X reported problems with: "almost always a problem, trouble falling asleep,” could not stop thinking while trying to fall asleep, morning fatigue, sleep did not seem refreshing, and "often a problem" waking up during sleep, and waking up too early in the morning. X attributed X sleep problems to restlessness, physical pain, to restless / tense or tired, personal stress, frustration and anger, worries or fears about ongoing injury, reinjury, stressful

problems, afraid to go to sleep, could not stop thinking, and sleep disturbance was a vicious pattern or habit at the time. X sleep problems started in X; X had trouble sleeping 6/7 nights a week. X averaged 10 hours of sleep each night. It took X 2 hours to fall asleep and woke up 7 times during the night. X took 2-3 hours to fall back to sleep after X woke from X sleep. X stated that X sleep was not refreshing; it was hard to get out bed, and X went back to sleep. X reported that X took Lunesta, Trazodone, and Melatonin as medications to help X sleep. X used sleep medication every night to help X sleep at night. X described other treatments or strategies X had used to help X sleep included exercise. X stated that this strategy of exercising made it harder to sleep. X stated that the thing that helped X sleep during the previous week was a clean bed. On the Headache Impact Questionnaire, the following was noted unchanged: In the prior 3 months, X had a headache every 5 days. X rated the pain intensity at a 9/10. When X had a headache, X was unable to work or missed 10%. X was 90% unable to engage in recreational / social activities when X had a headache. On the Headache Scale, X rated the severity of X last headache a 3/5, and described it as mild, compared to the previous morning headaches. It was noted that X had participated actively in therapy to address issues of anxiety, depression, trauma, grief, and sleep disturbance. X had discussed blame, guilt, dissociation, chronic tiredness, and traumatic anniversaries. In addition, X was setting goals to begin preparing for an upcoming court date, in which X would be face to face with the person responsible for the accident. X depression had improved, and anxiety continued to be problematic regarding next environmental stressors and triggers. In the next treatment phase, X would continue to work on developing skills to learn to cognitively reframe blaming X for what had happened, examining sleep triggers to address sleep disturbances and exploring physical symptoms which included blank staring, legs shaking, crying a lot, and passing out. X would also work in counseling to practice intervallic breathing and emotional regulation. X would practice strategies of emotional regulation by charting intensity, duration, and quality of the emotions X felt.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “A request for an X has been submitted, on top of the X. No penetrating traumas or major physical traumas were documented. ODG recommends up to X visits for mental illness and stress. Only in cases of X are up to X

sessions recommended, but only if progress is being made. There is no documentation in the X notes that the patient's depression is a X. At greater than X, which already exceeds ODG guidelines, the patient should have made adequate progress, which it appears that the patient has. In the X the patient has received, the patient should have adapted the behavioral and cognitive techniques that X could continue to deploy when not in session. Further, there is no documentation in the progress notes of any confounders or outliers that would render this patient's case difficult to treat in the typical X. As medical necessity has not been established to exceed .

ODG guidelines, requesting another X is non-certified. Therefore, the request for X, is noncertified."

A Response to Denial Letter dated X by X, MS, LPC-S, documented that X on X requested X, over a period of X weeks, which was denied on X. X was appealing this decision. X wrote, "There are several items which need to be clarified in addressing this denial of the requested individual counseling. First, our office attempted to reach the physician advisor to complete the peer review however was unsuccessful, so please accept this appeal letter for reconsider. We understand X may be outside of the recommended guidelines; we are making every effort to establish ongoing medical necessity for X to continue with individual counseling services. In short summary, X continues to see X treating doctor, X, M.D. X latest appointment was on X. It was noted that X was to continue taking X. X has been working modified duty as well. X is still reporting issues with headaches/dizziness and sleep disturbances. As further mentioned in the Treatment Progress Report (TOI) dated X, we believe X meets medical necessity as X continues with ongoing medical care, X also continues to take X. Three primary stressors for X are emotional distress, financial and vocational support. As further summarized in the TPR, many of X self-reported measures have improved. X has worked vigorously individual therapy to get mentally and physically stronger. X has participated actively in therapy to address issues of anxiety, depression, trauma, grief, and sleep disturbance. X has discussed blame, guilt, dissociation, chronic tiredness, and traumatic anniversaries. In addition, X is setting goals to begin preparing for an upcoming court date in which X will be faced to face with the person responsible for the accident. X depression has improved, and anxiety is still problematic regarding next environmental stressors and triggers. In the next treatment phase, X will continue to work on developing skills to learn to

cognitively reframe blaming X for what has happened, examining sleep triggers to address sleep disturbances and exploring physical symptoms which include blank staring, legs shaking, crying a lot, and passing out. X will also work in counseling to practice intervallic breathing and emotional regulation. X will practice strategies of emotional regulation by charting intensity, duration, and quality of the emotions X feels. Literature supports there are six major patient variables that include social support, problem complexity and chronicity, personality reactivity and coping styles and treatment setting. Please refer back to the report and recent notes initially submitted for review. As mentioned, we understand X may be outside of the recommended guidelines, however with the above medical information summarized and confounding continued pain, vocational stressors, and emotional distress, we are making every effort to continue services. Given the above summarized, it is evident X emotional distress as a result of X injury dated X. X accepted medical diagnoses include: X, initial encounter; X; X. Lastly, references by Official Disability Guidelines-ODG managed by MCG, supports ongoing treatment under body systems: Head, 'Behavioral Therapy for Head Conditions' and Mental Illness and Stress, Cognitive Behavioral Therapy (CBT) for Mental Illness and Stress:' 'Cognitive Therapy for General Stress,' 'as well as 'Return to work with Mental Illness and stress' are all under ‘Psychological Treatment.' Not only are these 'Generally' recommended but also 'Conditionally' recommended for patients with delayed recovery and chronic pain Furthermore, treatment under body system for Pain. 'Behavioral Interventions (CBT) for Pain' is also recommended, Please note all of the above were last review/update: X.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was noncertified by X, MD. Rationale: “Per ODG, Mental Illness and Stress Chapter, Online Version (Updated X), Cognitive Behavioral Therapy (CBT) for Mental Illness and Stress, "ODG Psychotherapy Guidelines: - Up to X. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to X sessions if progress is being made." In this case, this request was previously denied on X, as there is no documentation that the patient's depression is X. At greater than X, which already exceeds ODG guidelines, the patient should have made adequate progress, which it appears that the patient has. In the X the patient has received, the patient should have adapted the behavioral and cognitive techniques that X could continue

to deploy when not in session. Further, there is no documentation in the progress notes of any confounders or outliers that would render this patient's case difficult to treat in the typical X. However, as this request was previously denied, there is no additional documentation of extenuating circumstances to deviate from guideline recommendations. Additionally, the patient should have adapted the behavioral and cognitive techniques that X could continue to deploy when not in session. Therefore, the request for X is not medically necessary and is not certified."

Claimant is requested for X. This MVC occurred in X. X was identified as having participated in X. X was identified as having mild improvement in depressive and anxiety symptoms based on X BAI/BDI, though X anxiety persisted in the Severe range. Despite these improvements, X pain related difficulties have worsened in regards to X experience of the pain with persistent difficulties in pain-fear avoidance. ODG provides up to X for individuals that have a diagnosis of [or similar to] an adjustment disorder, and provide further sessions (i.e., up to X) for diagnoses of X. Despite the claimant displaying persistent symptoms (i.e., one year), X mental health diagnosis remained the same. This persistent display of symptoms is potentially related to treatment resistant factors or an underlying psychological factor that is beyond what would be expected with an adjustment disorder. Furthermore, The denial for X, is upheld. 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 is requested for X. This MVC occurred in X. X was identified as having participated in X. X was identified as having mild improvement in depressive and anxiety symptoms based on X BAI/BDI, though X anxiety persisted in the Severe range. Despite these improvements, X pain related difficulties have worsened in regards to X experience of the pain with persistent difficulties in pain-fear avoidance. ODG provides up to X for individuals that have a diagnosis of [or similar to] an adjustment disorder, and provide further sessions (i.e., up to X) for diagnoses of X. Despite the claimant displaying persistent symptoms (i.e., one year), X mental health diagnosis remained the same. This persistent display of symptoms is potentially related to treatment resistant factors or an underlying psychological factor that is beyond what would be expected with an adjustment disorder. Furthermore, The denial for 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