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An Independent Review Organization
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***Notice of Independent Review Decision
Amendment***

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 sustained an injury on X. X was involved in an X. X was a X. There was a X was noted. X remembered X. The diagnoses included chronic posttraumatic stress disorder, post-concussion syndrome; unspecified injury of head; strain of unspecified muscle, fascia, and tendon at shoulder and upper arm level, right arm; strain of muscles and tendons of the rotator cuff of left shoulder; strain of muscle, fascia, and tendon at neck level; strain of muscle, fascia, and tendon of lower back; and other intervertebral disc displacement, lumbar region.

On X, X attended psychotherapy session with X, LPC. X complained of trauma symptoms avoiding thoughts, depression, feelings and triggers that reminded X of trauma, anxiety, chronic pain, depressed mood, feeling down or blue, irritable, crying easily, feeling easily hurt, grief, nightmares, easily startled, avoidance, flashbacks related to past abuse or other traumas, physical functioning limitations, sleep disturbance, trouble falling asleep, restless sleep, waking too early and being unable to fall back asleep, and sleeping too much. Since the prior session, X had improved. X participated in technique in session. X ongoing psychosocial stressors and risk factors included chronic pain, economic problems due to financial difficulties, and isolation. Mental status examination revealed appropriate and depressed mood and affect. X insight and judgment was good. X denied suicidal or homicidal ideation.

A treatment progress report dated X by X, MS, LPC / X, MS, LPC noted that X, MD was recommending X to continue participation in X. X

complained of depression, pain, insomnia, anxiety, and nightmares. On examination, X Patient Pain Drawing score was X (very severe pain); Pain Experience Scale score was X (severe to extreme amounts of emotional distress when X pain was at its worst); McGill Pain Questionnaire score was X (severe debilitating pain episodes); Fear Avoidance Beliefs Questionnaire score was X (elevated levels); physical sub scale X; Quality-of-Life Scale score was X; Beck Depression Inventory score X (mild to moderate depression); Beck Anxiety Inventory score X (severe anxiety); Sleep Questionnaire score X (extreme sleep disturbances); PCL-X score X; Oswestry Low Back Pain Disability Questionnaire score was 69% (bed-bound perception of disability and functioning)

An MRI of the brain on X revealed X.

Treatment to date included X.

Per the utilization review by X, DO on X, the request for X. Rationale: "In this case, the request is not medically necessary. The current request, in addition to the previously attended sessions, exceeds the guideline recommendations. There are no documented extenuating circumstances to support an exception to the guidelines in this case. Therefore, the request for X is non-certified."

Per the utilization review by X, DO on X, the request for X was non-certified. Rationale: "A peer discussion occurred and the case details were discussed. The injured worker was diagnosed with unspecified injury of the head. The injured worker has completed a X. There are no documented extenuating circumstances for the injured worker that would warrant exceeding guidelines or going outside of them, therefore the request is denied. Therefore, the request for X is non-certified."

Per the utilization review by X, DO on X, the request for X was non-

certified. Rationale: “In this case, the request is not medically necessary. The current request, in addition to the X. There are no documented extenuating circumstances to support an exception to the guidelines in this case. Therefore, the request for an appeal to X is non-certified.”

ODG guidelines include up to X. Patient has a diagnosis of PTSD and has completed X. Initial objective measures (BDI, BAI, PCL-5, Oswestry Low back pain disability, sleep questionnaire) were not available; however, report included a review on X and included a severe BAI, which was a three-point increase from the previous assessment, and a X point decrease in depression based on the BDI scale. X pain, fear, quality of life, and sleep had all increased from previous measures based on the report. Therapy has consisted of cognitive behavioral therapy, which is an ODG approved therapy model, with the goals to decrease X BDI/BAI/Sleep scores. The psychological evaluation completed by Dr. X in X included concerns for exaggerated/embellishment. Report also included statement “not my opinion, that X compensable work injury would extend to and include minor neurocognitive disorder.” Most recent therapy notes identified treatment goals to develop X new coping skills. The letter from X clarified therapeutic goals as “maintaining focus on X recommended medical treatment/case management needs, monitoring medications, sleep disturbances, vocational support, and the importance of maintaining a healthy leisure balance with X family and close relationships. No further psychosocial stressors identified since the beginning of treatment. Based on the number of sessions completed, it appears unlikely that development of coping skills and supportive therapy will assist the client any further with X continued psychological factors. There are no additional extenuating factors with X current diagnosis. 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:

ODG guidelines include up to X. Patient has a diagnosis of PTSD and has X. Initial objective measures (BDI, BAI, PCL-5, Oswestry Low back pain disability, sleep questionnaire) were not available; however, report included a review on X and included a severe BAI, which was a three-point increase from the previous assessment, and a X-point decrease in depression based on the BDI scale. X pain, fear, quality of life, and sleep had all increased from previous measures based on the report. Therapy has consisted of cognitive behavioral therapy, which is an ODG approved therapy model, with the goals to decrease X BDI/BAI/Sleep scores. The psychological evaluation completed by Dr. X in X included concerns for exaggerated/embellishment. Report also included statement “not my opinion, that X compensable work injury would extend to and include minor neurocognitive disorder.” Most recent therapy notes identified treatment goals to develop X new coping skills. The letter from X clarified therapeutic goals as X. No further psychosocial stressors identified since the beginning of treatment. Based on the number of sessions completed, it appears unlikely that development of coping skills and supportive therapy will assist the client any further with X continued psychological factors. There are no additional extenuating factors with X current diagnosis. 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