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Notice of Independent Review Decision

Sent to the Following

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)

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 stated that while X. The diagnosis included lumbar radiculopathy, L4-L5 disc herniation, aggravated; and L5-S1 disc herniation, aggravated.

On X, X was seen by X, DC for work related low back injury. X reported constant aching pain and feeling of weakness in low back with intermittent sharp pain with certain activity / movements. X rated the pain X. X also reported daily numbness and burning / stabbing feeling in both feet, left more than the right. 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 rest and ice helped to decrease X overall pain level. On examination, X. Lumbar spine and paraspinal musculature revealed X. Lumbar spine examination revealed X. The X was X. Straight leg raise (SLR) was X. Hibb's test was X. Neurological examination revealed X. Sensory examination revealed X. Motor examination revealed a X. Lumbar spine active range of motion revealed X. On assessment, the X dated X. In this case, the X. X was denied a X and at the time was in IRO.

A Report of Functional Capacity Evaluation was completed by Dr. X on 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. Physical examination revealed X was oriented to time, place, and person. Mood appeared calm. X revealed X. Lumbar spine examination revealed X. The slump test was X. The slump test was X. Kemp's test was X. SLR (straight leg raise) test was X. Double leg raise was X. Hibb's test was X. Neurological examination revealed that

X. Sensory examination revealed X. Motor examination revealed a X. The 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-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 pounds versus X pounds force required job requirement) and pulling (currently 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 has completed X physical therapy visits per the ODG recommendations. There were no injections pending (pain management referral denied by the carrier) and X was not a candidate for surgery. Review of the medical records indicated that X injury had reached a plateau in care and there are no further treatments planned per the ODG. X attempted a return to modified/light work duty; however, X was unable to tolerate the modified/light duty. X was also certified to have

attained MMI on X by a designated doctor with the following compensable injuries: X. X functional performance during the evaluation revealed X continued to experience a mild to moderate functional deficit in X ability to perform at the minimum physical demand level of X occupation as an X. Clinical history, present presentation and results of this evaluation indicated that X ongoing functional state required further rehabilitative intervention. X X mental health evaluation revealed a BDI of 17/63 (17/63 on X) indicating borderline X, BAI of 16/63 (16/63 on X) indicating moderate anxiety, FABQPA of 22/24 (22/24 on X) and a FABQWP of 24/42 (24/42 on X) indicating continued X. Based on the results of this exam and considering the X mental health evaluation, Dr. X agreed with the recommendation of the MHE that an X. The X will allow time to address X continued X. Additionally, Dr. X was very confident that with X motivation to return to work and significant progress X had made functionally, participation in this program was anticipated to result in further material recovery, return to work and maximum medical improvement. The X will consist of the following elements/goals: X in order to address injury-related depression and anxiety as well as to promote active coping strategies, desensitize pain, desensitize fear of work-related activities to return back to work, motivate the patient on being less focused on pain and motivate the patient towards returning to work.

A mental health evaluation (MHE) was completed by X, MS, LPC on X to assist in further assessing difficulty with pain and overall adjustment issues related to X injury. The purpose of evaluation was to determine whether mental health factors were inhibiting treatment benefit and ability to return to work in complete capacity and to determine if X would benefit from a behavioral chronic pain management program. X was injured at X job on X. X was lifting heavy pipes and tools when X felt pain and pressure on X lower lumbar. 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 exhibited symptoms of stress and anxiety during the clinical interview. X affect was apprehensive, and X voice and demeanor reflected a high level of frustration and depression. Assessment results included - Beck Depression Inventory-II score was X. This indicated borderline clinical depression. Beck Anxiety Inventory-II score was X, which indicated a moderate level of anxiety. The Fear-Avoidance Belief Questionnaire score was X on the physical activity portion of the assessment and a median score X on the work portion of the assessment. Oswestry lower back pain disability questionnaire score was X indicating severe disability. The pain impairment rating scale showed X rated X pain X at worst, X at its least and X on an average. The recommendations included X was referred for an assessment for Behavioral Chronic Pain Management Program. X had been treated with physical therapy and medication. Despite these lower levels of care, X continued to report moderate to high levels of pain and was unable to return to work. X reported that X pain significantly impaired X ability to function physically, psychologically, interpersonally, and vocationally. In addition to X chronic pain, X reported symptoms of depression and anxiety. Mr. X strongly recommended X to attend X.

Per a Report of Medical Evaluation DWC Form 69 dated X, X, DC certified that X had reached clinical MMI on X with 5% permanent impairment rating.

On X, X was evaluated by Dr. X for a follow-up visit for work-related low back injury. X reported constant aching pain and feeling of weakness in the low back with intermittent sharp pain with certain activity / movements. X rated the pain X. X also reported daily numbness and burning / stabbing feeling in both feet, left more than right. 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 resting, massage, ice, and heat

(alternating) helped to decrease X overall pain level. On examination, X. 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 moderate X. Lumbar spine and paraspinal musculature revealed X. The slump test X. Kemp's test was X. Straight leg raise (SLR) was positive for X. Hibb's test was positive on the X. Neurological examination revealed X. Motor examination revealed a X. X completed with X. At the point in time, a X.

Treatment to date X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The current request is for an X. The ODG allows consideration of X when there is a valid evaluation and a failure of lesser levels of care. In this case, however, the validity of the evaluation is questionable. The patient has failed to X. The ODG does not recommend progression of work hardening to X in most cases and as there was a failure to respond adequately to work hardening, there is no reasonable expectation of improvement from X. The guidelines state 'Upon completion of any rehabilitation program including WH, WC,

outpatient medical rehabilitation, or chronic pain/functional restoration programs, neither re-enrollment nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Medical necessity criteria are not met. Recommend adverse determination."

Per a utilization review adverse determination letter dated X by X, MD, the request for chronic pain management X was denied. Rationale: "The current request is for X. The ODG allows consideration of X when there is a valid evaluation and a failure of lesser levels of care. In this case,

however, the validity of the evaluation is questionable. The patient has failed to X. The ODG does not recommend progression of work hardening to X in most cases and as there was a failure to respond adequately to work hardening, there is no reasonable expectation of improvement from X. The guidelines state 'Upon completion of any rehabilitation program including WH, WC,

outpatient medical rehabilitation, or chronic pain/functional restoration programs, neither reenrollment nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.' Medical necessity criteria are not met.

Recommend adverse determination.”

An appeal letter was completed by Dr. X on X stating, “A request for an X was denied by peer review due to: "As there was a failure to respond adequately to work hardening, there is no reasonable expectation of improvement from a X." Regarding the non-certification recommendation: The claimant participated in X. In that time, the claimant made gains 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 10-15 lbs. to 25-28 lbs.), floor to shoulder lifting (from 10-15 lbs. to 20-23 lbs.), floor to overhead lifting (from 10-15 lbs. to 20-23 lbs.), two hand carrying (from 15-18 lbs. to 25-28 lbs.), pushing (from 15-20 lbs. to 30-35 lbs.) and pulling (from 15-20 lbs. to 30-40 lbs.). These are significant gains for only 40 hours of the work hardening program. However, requested X was denied based

on minimal psychological gains. The claimant has since undergone X. The X will allow time to address X continued X. Therefore, we request reconsideration of the denial for the X.”

Dr. X wrote an appeal letter on X stating, “A request for a X was denied initially by peer review due to: "As there was a failure to respond adequately to work hardening, there is no reasonable

expectation of improvement form a X”. An appeal was submitted however, the appeal upheld the adverse determination due to: "The guidelines indicate that re-enrollment nor repetition of the same or similar rehabilitation

program is medically warranted for the same condition." Therefore, we request reconsideration the denial for the X.”

Per a reconsideration review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: “In this case, the updated note indicated that the claimant was only X. Additionally, the claimant has had no significant objective response from the X. Also, review the clinical records indicate that the claimant only had a X impairment rating, the claimant did not have significant objective improvement to support X following work hardening, and no indication why claimant was unable to be transition to home exercise program as a were no barriers noted. Therefore, non-certify Service: X.”

Patient with objective improvement from prior chronic pain management program, and based on cited ODG criteria from peer reviews, further X is warranted. However, the amount requested is beyond their cited guidelines and reviews do bring up valid points about the amount of improvement documented among other issues, thus X is warranted. If continues to make objective improvement, then may

potentially consider further requests later. X is medically necessary and certified with the remaining 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:

Patient with objective improvement from prior chronic pain management program, and based on cited ODG criteria from peer reviews, X is warranted. However, the amount requested is beyond their cited guidelines and reviews do bring up valid points about the amount of improvement documented among other issues, thus X is warranted. If continues to make objective improvement, then may potentially consider further requests later. X is modified to X is medically necessary and certified with the remaining X is not medically necessary and non-certified.

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)**