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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. X sustained a work-related injury on X while working. X stated that X was X. X stated that X fell backwards, hit X. X stated "the injury caused a X." X stated that X. The diagnoses were pain disorder with related psychological

factors and sprain of ligaments of cervical spine, initial encounter (X). Per a Work Hardening/Conditioning Functional Progress Note dated X completed by X, CPT, X demonstrated the ability to perform X of the physical demands of X job. This was a X increase in return-to-work function since the previous return-to-work test was performed. The return to work test items X was unable to achieve successfully during this evaluation included: occasional squat lifting, simple grasping, firm grasping and standing. X demonstrated excellent mechanics as evidenced by lumbar flexion and only slight knee flexion with no limiting factors. At the time, X reported standing for prolonged periods of time could hurt X back. X reported jumping hurt and carrying heavy items still caused pain. X reported making progress with regard to X present diagnosis. X reported improved endurance and strength. On X, X was evaluated by X, LCSW /X, PhD, LPC-S at individual therapy session for chronic pain management program. X was referred by X, MD. X began attending individual therapy sessions from X. X had remained consistent and engaged in the therapeutic process. X had completed X. X had made progress in X ability to use relaxation and signal breathing skills to control X anxiety, depression, and pain. The X were helping X to modify X negative thinking patterns and X was beginning to understand how X thinking "may" influence X emotions, behaviors, and pain. X, was also helping X to reduce injury-related nightmares, flashbacks and memory related muscle tension/pain. Despite progress, X continued to struggle with X post-treatment transition, especially vocationally. X also stated that continued pain and physical limitations trigger memories, negative emotions, and psychosomatic symptoms that perpetuate pain and mood disturbance. Regarding X behavioral observations, X had become solution focused and had demonstrated cognitive and behavioral changes since beginning individual counseling. X reported that X was beginning to decrease X emotional distress, depression, and anxiety as related to impact and pain from X job-related injury, and to increase the adjustment process to X lifestyle changes secondary to impact of work-related injury. X stated that, at the time X took X. X stated that though X was still utilizing medication to manage X pain, the frequency and dose of medications had decreased since X. Regarding pain, During the initial evaluation for X, X reported an average pain level of "X." After completing X, X reported an average pain level of "X." After completing X, X reported an average pain level of "X." X was still experiencing pain that was creating a lack of functionality in certain areas of X life. X was still needing to progress X irrational thoughts concerning X association of pain with both physical and emotional barriers in X life. Regarding the Beck Depression Inventory II (BDI-X) score, prior to beginning individual psychotherapy, X

scored a X, within the severe range. After the completion of X, X score was X, within the moderate range. X attributed continued depressive symptoms to longer than expected recovery time and fear that ongoing pain relief was temporary. X also stated that persistent pain continued to trigger memories, negative thoughts, and psychosomatic symptoms that affected X mood and daily function. X stated that individual therapy was helping X cope with post-treatment transitional issues. Regarding the Beck Anxiety Inventory (BAI), prior to beginning individual X, X scored a X, within the severe range. After completion of X, X scored "X", within the mild range. Regarding the Fear Avoidance Beliefs Questionnaire (FABQ), the FABQ consists of two subscales, the Physical Activity subscale (FABQPA) and the Work subscale (FABQW). Prior to beginning individual psychotherapy, X scored the following: Activity Scale was X\* out of X (\*High) and Work Scale was X\* out of X (\*High). After completing X, X scored the following: Activity Scale was X\* out of X (\*Low) and Work Scale was X\* out of X (\*Low). Regarding an Eye Movement Desensitization and Reprocessing (EMDR) Therapy Assessment, prior to EMDR therapy, X reported nightmares X times per night and "constant/debilitating" flashbacks. X also reported injury-related crying episodes X times daily. X stated that X no longer had nightmares and X flashbacks had decreased in intensity and frequency. X also reported minimal crying episodes. After X EMDR sessions, X Subjective Units of Disturbance (SUDs) decreased to "X." EMDR sessions were suspended because X requested to focus on immediate injury-related emotional distress related to post-injury financial strain and vocational transition. On assessment, X ability to identify, communicate, and cope with work injury-related behavioral health issues had improved since beginning individual therapy. X stated that individual therapy was helping X identify and express emotions, rather than suppressing or ignoring them. X stated that while many aspects of X life had improved, X believed X anxiety and depressive symptoms persisted due to longer than expected healing time and fear recent pain relief would be temporary. X stated that individual therapy was helping X identify and address underlying issues that caused X injury-related pain, mood disturbance, and post-treatment career transition. X had stated that continued therapy was necessary to help X with X post-treatment transition because it would help X to remain goal oriented, solution focused, and optimistic. Though X had demonstrated improvement with EMDR therapy, X had not completely processed the trauma related to X injury. X continued to manifest the event physically, which increased X pain and muscle tension. The X would help X manage X chronic pain more effectively; help with post-treatment

transition; decrease injury-related stress and depressive symptoms; and process injury-related trauma. X had shown great dedication to the therapeutic process and to improving X physical and emotional health. They believed that an X were imperative to ensuring maximum behavioral health outcomes. It was necessary for X to attend X to address the elevated levels of depression, anxiety and diminished coping capacity secondary to impact of the work-related injury. X could benefit from additional therapeutic support to assist X in changing negative thinking patterns and understanding future treatment needs and outcomes. X may also need assistance accepting X physical limitations as well as lifestyle changes X had encountered as a result of X injury. Understanding the concept of pain as well as learning to use alternate coping skills would aid in relieving fear and anxiety. X reported X pain significantly impaired X ability to function physically, psychologically, interpersonally and vocationally. X would be provided X. Because X worked, these sessions would be accomplished over a X month period. X would be assisted in reframing interpretations of the injury and developing positive problem-solving skills to set realistic goals. On X, X was seen by Dr. X for follow-up visit for X ongoing complaints of neck pain. X reported that no significant changes were present since prior visit. At the time of the visit, X was able to stand for X minutes; able to sit for X minutes; and able to walk for X minutes. The ongoing pain level was X, pain level at the worst and at best was X. X felt like constant stiffness and aching pain. The medication helped X pain and X was using the X. The X were denied. On examination, X was in no acute distress. There were no significant changes in the physical examination since the prior visit. On assessment, an appeal was placed for denial of X. On X, examination revealed "X. "Treatment to date included X. Per a utilization review adverse determination letter / peer review report dated X by X, MD, the request for X was denied. Rationale: "The request for X is not recommended as medically necessary. On the date of injury, X was accidentally X. Progress summary dated X indicates that X began attending X on X. X has completed X. There is a lack of documentation of ongoing significant and sustained improvement. After X, X pain level was X and now after X. BDI is unchanged at X and BAI decreased from X to X. FABQ-PA increased from X to X and FABQ-W from X to X. Therefore, medical necessity is not established in accordance with current evidence based guidelines. "On X, Dr. X/ X, LCSW / X, PhD, LPC-S placed an appeal for denial request of for X stating that "Reviewer recently denied X for X because "there is lack of documentation of ongoing significant and sustainable improvement. Denial indicates that BDI and BAI scores have not significantly decreased in the X. During the X, X was struggling with X post-treatment

vocational transition. Crisis intervention and solution focused therapies were used to help the patient address these immediate issues. In the X, X has not only resolved these issues, but X is now financially and vocationally thriving. We believe resolving these difficult issues demonstrates "significant and sustainable improvement." X stated that X believes X persistent pain, anxiety, and depressive symptoms are related to unresolved negative thoughts/images/emotions related to X accident and the year and a half of treatment that followed. With the use of Eye Movement Desensitization and Reprocessing (EMDR) Therapy, X demonstrated significant emotional improvement. X no longer has nightmares regarding the incident, X flashbacks have decreased in intensity and frequency, and thoughts/memories/images of the accident no longer trigger severe psychosomatic symptoms. Because the X have focused on crisis intervention and solution focused therapy, X was unable to participate in X. If X are approved, therapy will focus on processing injury-related physical/emotional distress through X. We believe with X, X could resolve injury-related emotional and psychosomatic symptoms, decrease pain, and increase physical/emotional/vocation function. "Per a peer review report dated X by X, MD, the request for X was denied. Rationale: "ODG Criteria ODG Psychotherapy Guidelines: - Up to X visits over X weeks (individual sessions), if progress is being made. (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 if progress is being made. In this case, prior treatment included X. A successful peer-to-peer call with X, LCSW designee appointed to speak on behalf of X MD, was made. It was noted on peer-to-peer that X was treating chronic pain, nightmares, and flashbacks but that there was no post-traumatic stress disorder (PTSD) or other formal psychiatric diagnosis. The patient has resumed full-duty work. The duration of treatment has already been twice the maximum recommended by ODG and return to work was successful. X is not supported. The request is not shown to be medically necessary. Therefore, the request for Appeal X is upheld and non-certified. "Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "ODG Criteria ODG Psychotherapy Guidelines: - Up to X , if progress is being made. (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 if progress is being made. In this case, prior treatment included X. A successful peer-to-peer call with X, LCSW

designee appointed to speak on behalf of X MD, was made. It was noted on peer-to-peer that X. The patient has resumed full-duty work. The duration of treatment has already been twice the maximum recommended by ODG and return to work was successful. X is not supported. The request is not shown to be medically necessary. Therefore, the request for X is upheld and non-certified. "Thoroughly reviewed provided records including provider notes and peer reviews. Patient with continued pain as well as psychological symptoms for which further X is being requested. Provider appears to be focusing on X at present but has had multiple types of X. While X may be effective, patient has already completed 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. Patient with continued pain as well as psychological symptoms for which X is being requested. Provider appears to be focusing on X. While X may be effective, patient has already X. 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
- 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL