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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)

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. No clear mechanism of injury was documented in the available medical records. The diagnosis was chronic left foot and ankle pain following traumatic work injury; complex regional pain syndrome (neuropathic pain of the left foot and ankle) associated with chronic left foot and ankle pain following traumatic work injury; status post-surgical intervention and immobilization; secondary biomechanical dysfunction with myofascial pain of the lumbar spine associated with chronic left foot and ankle pain following traumatic work injury and complex regional pain syndrome (neuropathic pain of the left foot and ankle) associated with chronic left foot and ankle pain following traumatic injury. X was seen for initial evaluation by X, DO on X, with a chief complaint of chronic persistent burning pain associated with swelling, sensitivity to touch, color changes and involuntary spasms, all following a work injury on X. X gave a good longstanding work history, when X injured X left foot, apparently, X fractured or had a contusion of the first, second, third and fourth digits and had notable swelling. Fractures were then noted on routine x-rays from the first through fourth rays. Since that time, X had pain, swelling, and sensitivity to touch. X ultimately underwent surgical intervention. Unfortunately, due to the persistent nature of X pain, X was referred for consideration of chronic pain management. X had already seen one pain physician who had suggested X. At the time, X signs and symptoms of swelling, sensitivity to touch, decreased range of motion, temperature and color changes were all consistent with X. X had been X. X pain was rated X. X felt despondent and depressed at times and had difficulty sleeping at night. X walked with an X. X X was checked to be X, X had not helped this pain. Due to swelling, the talofibular joint was swollen, and X had limited motion. X

spot urinalysis was X. X X showed moderate X. X X was X. On examination, X was in X. X was wearing a X. There was a better than X-degree temperature of coldness across the dorsum of X left affected foot which was blue-red colored as compared to normal color of the unaffected limb. This extended to the pretibial area. X had decreased pinprick across the dorsum of X left affected foot. X had marked tenderness to light touch as well consistent with allodynia and pain with passive range of motion. A dystonic spasm of the big toe was also noted. The range of motion of the knee and hips was X. X did have some X of the lower lumbar spine. The assessment was chronic left foot and ankle pain following traumatic work injury; complex regional pain syndrome (neuropathic pain of the left foot and ankle) associated with chronic left foot and ankle pain following traumatic work injury; status post-surgical intervention and immobilization; secondary biomechanical dysfunction with myofascial pain of the lumbar spine associated with chronic left foot and ankle pain following traumatic work injury and complex regional pain syndrome (neuropathic pain of the left foot and ankle) associated with chronic left foot and ankle pain following traumatic injury. The plan was to X. X was given an active range of motion and an anti-inflammatory diet to help with neural healing and general inflammation. Once this was achieved, X. It had appropriately been recommended by at least 2 physicians previously that should be done at once. Delays in this treatment would lead to refractory costly pain complaints with the potential for X. X. The higher levels of care could be avoided, but in the meantime, Dr. X did state this would be a X. An altered diet, elimination of simple sugar and carbohydrates was encouraged. Elimination of caffeine and avoiding nicotine was advised, and a follow-up appointment was made in X weeks' time. On X, X was evaluated by Dr X. Per the note, X continued with swelling, hyperesthesia, sensitivity, color changes and proprioception deficits, all in X left foot and ankle following X work injury on X. Dr. X opined that X was suffering from complex regional pain syndrome (CRPS) or

neuropathic pain following X work injury. As a result, they had been recommending the standard of care in the local, national and world communities for this disorder. The delay in treatment would only lead to refractory and costly pain complaints with potential further spread, disability, and further healthcare cost, and in spreading to other body parts. At that point, Dr. X had confined to the foot and ankle as based on X initial evaluation and that day's assessment. Dr. X documented that once again, X had a more than X-degree Fahrenheit temperature difference across X foot and ankle, and X walked with an X. However, for the first time, X was getting some relief with X. Dr. X spent extra time going over the denial of care and documented that the doctor did a quite extensive copy and paste on the section in the ODG for CRPS. X negated to draw the correct conclusion, which was diagnostic therapeutic intervention should be approved at once. X had already X. X was on the X. All avenues led to X. X would reserve for recalcitrant pain. Continued active X was advised. Dr. X and X spent extra time going over this denial of care explaining the rationale and the wrong conclusions, which were drawn by the peer doctor and Dr. X explained that they would resubmit for this at the time. Further delays would lead to further pain and suffering which was in direct contradiction to the Texas Labor Code, which specifically stated patient were to do treatment which ameliorated or relieved the natural compensable disease state. No updated imaging was available for review. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is Non-Certified. Based on the medical records available for review, the claimant had X. Patient appears to have had a good response to X was recommended. Also, X. Hence, the request is not medically established. "Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. "Based on this reconsideration

review, it has been determined that the requested medical treatment listed below does not meet established criteria for medical necessity therefore the original determination is upheld.” Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is not certified. Unable to obtain provider for a peer-to-peer discussion. The current request is an appeal request for X. As per ODG, CRPS, X for pain are not recommended generally based on a lack of quality studies. Since the X has been widely performed, despite the lack of evidence of effectiveness, other more proven treatment strategies like X are also not recommended. X may only be considered as a last option for limited, select cases with a diagnosis of X. When performed as a last option: Indications (based on historical consensus) for the use of X. These X are only recommended if there is evidence of a lack of response to X. In this case, the claimant sustained a work-related injury on X. As per the medical report dated X, the claimant complained of continued swelling, hyperesthesia, sensitivity, color changes and proprioception deficits in X left foot and ankle. X was suffering from complex regional pain syndrome or neuropathic pain. As a result, X was recommended the standard of care in the local, national and word committee for this disorder and the delay in treatment would only lead to refractory and costly pain complain with potential further spread, disability, and further healthcare cost and pain spreading to other body parts. X had a more than X-degree Fahrenheit temperature difference across X foot and ankle and X was walking with an X. X was getting some relief with X. X had already X. X was on the standard X. The plan was for X. It was noted that X. X was recommended to continue X. Based on the medical records available for review, the claimant had fulfilled the X. In fact, X was recommended to X. Also, guidelines indicate X. Guidelines criteria not met. There had been a previous denial for this request indicating the same; however, there is no additional information or new events noted to override the previous determination. Hence, the request is not

medically established. “Thoroughly reviewed provided records including provider notes and peer reviews. Per cited ODG criteria contained in peer reviews, as well as provider’s own documentation, the patient meets criteria for X. While therapeutic results may or may not be effective based on cited evidence, the provider is requesting X. The patient X. In addition, as provider notes, the next alternative at this avenue would be X. The prospective request for X is medically necessary and 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. Per cited ODG criteria contained in peer reviews, as well as provider’s own documentation, the patient meets criteria for X. While therapeutic results may or may not be effective based on cited evidence, the provider is requesting X. The patient meets X. In addition, as provider notes, the next alternative at this avenue would be a X. The prospective request for X is medically necessary and certified.

Overtured

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)**