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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 at work on X. X sustained an injury to x right foot, which occurred X. A X were treated surgically. The diagnosis was chronic regional pain syndrome (CRPS). On X, X was seen in follow-up by X, MD for right foot pain. X had a X. X also stated that X opiate medications were reduced by half during x trial. X had a previous history of pain onset since the accident. X described it as stabbing, burning, shooting pain that was constant (X of the time), sharp, and was described as tingling. The pain was relieved by lying down, sitting and medication. It worsened with standing, walking, stretching, twisting, with exercise and with bending. At the time, the average level of pain was X, ongoing pain level was X, best pain level was X and worst pain in last X days' level was X. A physical examination was not documented. The previous drug screening was performed on X, which was consistent. It was noted that X had a work-related crush injury to x right foot in X, which resulted in X. X rehabilitation was complicated by persistent pain. Pain control had interfered with rehabilitation and recovery. At the time, x was reporting the worsening of pain in x right foot, increased swelling, color change, temperature change, muscle switch, and spasm. X temperature was X degrees lower in x right foot compared to the left. X symptoms were consistent with X. X reported that symptoms included sensitivity to light touch, temperature change, decreased range on motion of the ankle and toes. X physical examination demonstrated temperature differential, hypersensitivity, color change and decreased range of motion. X reported X associated with X pain relief. X also reported a X reduction in consumption of opiates during trial. The treatment plan was to proceed with X. Urine drug screening was requested. On X, X was evaluated by Dr. X or follow up visit for foot pain. X was status X. At the time, the average level of pain was X, ongoing pain level was X, best pain level was X and worst pain in last X days' level was X. On musculoskeletal examination, the foot was cool to touch and hypersensitive to touch. The assessment was X. The treatment plan was unchanged. The last visit was dated X and the last pain

medication(s) taken was X. There were no side effects of medications seen. Medication(s) were effective, X reported that on X medication(s) were last filled at the pharmacy, and last drug screen was on X. On X, X was evaluated by Dr. X for follow up visit for foot pain. Medications were effective for pain relief; activities of daily living (ADLs) were maintained. There were no side effects reported; no aberrant behavior was noted. Medication refill was requested. At the time, the average level of pain was X, ongoing pain level was X, best pain level was X and worst pain in last X days' level was X. On examination, blood pressure was 130/79 mmHg, weight 249 pounds and body mass index (BMI) was 40.2 kg/m2. Musculoskeletal system revealed the foot was cool to touch; hypersensitive to touch. Last urine drug screen result was consistent. It was noted that x was status X. Attempts to authorize permanent had been denied by Workers' Compensation. Treatment to date included medication (X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale for denial of X: "The Official Disability Guidelines support urine drug testing for those prescribed opioid medications to assess for medication adherence in the presence of illegal drugs. This claimant is prescribed X. Recent urine drug screening in X was consistent. However, the frequency of testing is based upon abuse risk. This claimant is not stated to be at a higher risk for drug abuse requiring frequent urine drug testing. Accordingly, this request for X is non-certified." Rationale for denial of a X: "Regarding a X. This claimant has a right foot Injury and continued pain despite a variety of X. A X noted a minimum of 70% objective improvement of symptoms. Considering this efficacy, the request for a X would be supported. However, as no peer-to-peer was established, this request Is not certified in its entirety. The recommendations is for non-certification of the request for a X. "Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale for denial of X: "The Official Disability Guidelines support urine drug testing for those prescribed opioid medications to assess for medication adherence in the presence of illegal drugs. Prior denial as this claimant is not stated to be at a higher risk for drug abuse requiring frequent urine drug testing. No new chart notes submitted. There is still no indication of abuse risk. The request for X is denied and non-certified." Rationale for denial of a X: "Regarding a X. Prior denial as no peer-to-peer was established, this request is not certified in its entirety. No new chart notes. No peer conversation established. This request for X remains denied and non-certified. "Thoroughly reviewed provided documentation including provider notes

and peer reviews. Patient meets cited ODG criteria for both requests and unclear why being denied. Patient on X. Thus, requested X is indicated. Initial review noted X was warranted as well given success from trial. Second review was ambiguous regarding this decision. Regardless, given the patient has X with continued symptoms despite multiple mainline treatment options, as well as successful X is warranted. X are medically necessary and certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Thoroughly reviewed provided documentation including provider notes and peer reviews. Patient meets cited ODG criteria for both requests and unclear why being denied. Patient on X. Thus, requested X is indicated. Initial review noted X was warranted as well given success from trial. Second review was ambiguous in regards to this decision. Regardless, given the patient has X with continued symptoms despite multiple mainline treatment options, as well as successful X is warranted. X are medically necessary and certified

Overturned

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