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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 Overtuned (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 is a X who was injured on X. X was using tongs that were not properly maintained, when X back gave out. The diagnoses were chronic pain syndrome and mood disorder due to general medical condition and physical, psychological, occupational, social and financial problems. A report of functional capacity evaluation was documented on X by X, DC. X complained of daily, frequent to constant low back pain with a reported intensity of X. X also reported aching pain radiating mostly into the left leg down to the knee with numbness into the left foot and toes mainly with prolonged sitting or aggravating activity. Examination revealed mild left sacroiliac joint pain with mild to moderate left paraspinal hypertonicity. There was also moderate lumbosacral tenderness noted. Valsalva maneuver was positive. Kemp's test elicited a positive pain response on the left when performed to the right. Double leg raise and lowering test created a positive response in the lumbosacral region and left low back. Hibb's test elicited a positive response on the left. Lower extremity strength was noted to be 4/5. It was noted that X was performing at light-medium to medium-heavy physical demand level at the time. X job demand level was heavy. X continued to experience a moderate to severe functional deficit as it related to meeting the standing (currently frequent versus constant job requirement), walking (currently frequent versus constant job requirement), bending (currently frequent versus constant job requirement), climbing (currently frequent versus constant Job requirement), squatting (currently frequent versus constant job requirement), kneeling (currently frequent versus constant job requirement), floor lifting (currently 50-60 pounds versus 100pounds job requirement), floor to shoulder lifting (currently 45-50 pounds versus 100 pounds job requirement), floor to overhead lifting (currently 35-40 pounds versus 100 pounds job requirement), two hand carrying (currently 40-45 pounds versus 100 pounds job requirement), pushing (currently 50-60 pounds versus 100 pounds force required job requirement) and pulling (currently 70-75 pounds versus 100 pounds force required job requirement) job criteria as defined by the Dictionary of Occupational Titles and/or X Job Description Interview. X had participated in 20 work hardening program visits with the following gains: bending (from occasional

to frequent), climbing (from occasional to frequent), squatting (from occasional to frequent), and kneeling (from occasional to frequent). X had demonstrated the following regressions: lumbar flexion, lumbar extension, and lumbar left lateral flexion. X mental health evaluation revealed a BDI of 20/63 (17/63 on X, 19/63 on X) indicating moderate depression, BAI of 16/63 (12/63 on X, 16/63 on X) indicating moderate anxiety, FABQPA of 24/24 (20/24 on X, 23/24 on X) and a FABQWP of 42/42 (33/42 on X, 42/42 on X) indicating increased maladaptive fear avoidance behavior with physical activity and work activity. X demonstrated minimal gains in X physical and functional abilities since X last evaluation. X had struggled with regard to the mental barriers involved with X ability to return to work as well as the financial issues, family, social issues related to X work-related injury as well as physically with increased pain with activity, especially toward the latter stages of X work hardening program when the volume of X workload was increased. Based on the results of this examination and considering the X mental health evaluation, Dr. X agreed with the recommendation of the X would be appropriate for X as X met at least 3 of the 7 criteria for multidisciplinary pain management programs as defined by the ODG and other methods of treating chronic pain had been unsuccessful and there were no other options for X that were anticipated to result in clinical improvement. The X would allow time to address X continued moderate depression and increased anxiety while continuing to build on X functional/physical gains. The X would consist of the following elements/goals: muscular and connective tissue flexibility, muscular endurance and strength, cardiovascular conditioning, body mechanics training, real or work simulation activities, vocational counseling and intervention in the form of group sessions as well as individual sessions 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 X on being less focused on pain and motivate X towards returning to work. Dr. X was very confident that X motivation to return to work and significant progress X had made functionally, X was anticipated to result in further material recovery, return to work and maximum medical improvement. A mental health assessment was performed on X by X, MS, LPC, NCC. X Beck depression inventory score was 20/63 indicating moderate depression. The score was increased from the baseline assessment for work hardening program, that score was 17/63 and indicated borderline clinical depression. Beck Anxiety inventory score was 16/63 indicating

moderate level of anxiety. This score increased from X baseline assessment for work hardening program, this score was 12/63 indicating mild anxiety. X scored a maximum score (24/74) on the physical activity portion of the assessment and a maximum score (42/42) on the work portion of the assessment. X ongoing score increased from X previous score (20/24) for physical and (33/42) for work. The average pain rating increased from X baseline score (4.5/10) and X least decreased from X baseline score (4/10). X slight increased score may be attributed to X activity level of physical therapy, which was common when becoming more active and working on the injured area and managing chronic pain. It may also be that X may have been experiencing high anxiety the day of assessment. It was common for the symptoms to increase as they started to learn more about the pain experience and the effect it played in the daily lives. The critical issues included moderate depression, moderate level of anxiety, high levels of pain, lack of confidence in physical abilities, deficits in X physical functional capacity, high levels of stress from pain and current disability, significant vocational readjustment required in order to return to work, reliance on pain medications to treat the symptoms, ineffective skills or techniques to deal with pain or stress and fearful of causing increased pain. X had been treated with physical therapy, medications, massage therapy and a work hardening program. X treatment had done little to relieve X pain but had bolstered X activity level and tolerance. X continued to report significant levels of pain and had been unable to work. X pain impaired X ability to function physically, psychologically, interpersonally, and vocationally. X manifested a symptom pattern highly consistent with pain disorder associated with both psychological factors and a general medical condition. X was facing significant loss of functioning that required major physical, vocational, and psychological readjustment. X demonstrated symptoms of depression and anxiety, which had been shown in research to contribute to the etiology, maintenance, and intensity of pain and the ability to cope with the chronic pain. X would benefit from the X. There was no evidence of poor work adjustment. Despite having a fear of pain increasing and re-injury, X was motivated to return to work. X required a daily, intensive, team-oriented program that would stabilize active symptoms on a long-term basis and support his efforts to return to full duty work. X was fearful of causing increased pain and may not apply X without constant supervision. X was an appropriate candidate for a X that would include X. That should help decrease X intensity of subjective pain, decrease X use of

medications, increase X ability to manage pain, decrease X symptoms of depression and anxiety, improve range of motion, flexibility and muscle tone, and increase the likelihood that he would return to work. X would help increase X motivation and help X accept and adjust to X injury. X would give X the opportunity to observe how fellow patients cope with their stressors and adopt strategies for X. A chronic pain management progress note was documented on X by X, MS, LPC, NCC. Psychoeducation was provided. The focus of the session was cognition and interpersonal skills. Activity interference, activity avoidance and knowing the difference were discussed. The attention span was on task. X was well focused. Affect was appropriate and interaction was cooperative. Participation level was excellent 100%.The daily activities which X avoided or X pain interfered with were identified. X avoided physical demanding activities. The activity included expressive arts. The focus was interpersonal skills. The objective was to create a visual goal based on activities X wanted to bring back into X life. Attention span was on task. X was well focused. Affect was appropriate and interaction was cooperative and supportive. Participation level was excellent 100%. The activity included relaxation. The objective was to participate in progressive muscle relaxation. Attention span was on task and cognition was well focused. Affect was appropriate and interaction was cooperative. Participation level was excellent 100%. X felt physically and mentally relaxed after engaging in PMR. The provider discussed what activity interference and activity avoidance was. Interference was the biological consequence of pain and avoidance was the psychological experience, anticipation of pain. It was identified if Xe was avoiding certain daily life activities or if the pain was causing interference. Treatment to date included work hardening program, physical therapy, medications, and massage therapy. Per a peer review report dated X by X, DO, the request for X was not medically necessary. Rationale: “The request is not medically necessary. In this case, there is little information provided to understand if the claimant is motivated to reduce pain and return to full work. Given that, the request is denied. As such, the medical necessity of this request has not been established. Therefore, the request for X is not medically necessary. “A letter was completed by X on X noting the functional capacity evaluation dated X did not demonstrate lack of motivation to return to work, but rather difficulty in dealing with the increased pain with the heavier loads that X occupation required. Additionally, X was still performing at a higher functional level that when X began the work

hardening program. At the point in time, X would require additional psychological sessions in the form of individual sessions in addition to the group sessions that would be part of the X. As X better understood X pain and how to deal with it, there was no doubt that further material gain could be achieved. The findings indicated X had met at least 3 of the 7 criteria for X as defined by the ODG and other methods of treating chronic pain had been unsuccessful and there were no other options for X that were anticipated to result in clinical improvement. With that in mind and considering that X met the criteria for X, an appeal and reconsideration of the X was requested. Per a peer review report dated X by X, MD, the request for appeal X was not medically necessary. Rationale: "The request is not medically necessary. In this case, it is unknown how many hours / sessions have been completed at this time. Therefore, the X is not medically necessary. "A letter was documented on X by an unknown provider indicating the functional capacity evaluation dated X did not demonstrate lack of motivation to return to work, but rather difficulty in dealing with the increased pain with the heavier loads that X occupation required. Additionally, X was still performing at a higher functional level that when X began the work hardening program. At the point in time, X would require X in addition to X. The letter appeared incomplete. Thoroughly reviewed provided records including provider notes and peer reviews. Patient meets cited ODG criteria for functional restoration program and appears initial evaluation/possible sessions have been successful. Patient appears motivated to return to work and get better but has biopsychosocial limitations for which X may be better tailored to X needs. Patient may have already had X but it is unclear from provided documentation. In any case, further X is warranted. 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. Patient meets cited ODG criteria for X and appears X. Patient appears motivated to return to work and get better but has biopsychosocial limitations for which specialized pain management program may be better tailored to X needs. Patient may have already had an X but it is unclear from provided

documentation. In any case, further X is warranted. X is 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**
- ☒ **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)**