PO Box 519
Schertz, TX 78154

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X.

PATIENT CLINICAL HISTORY [SUMMARY]: This is a case of a now X (DOB: X) X who sustained a work-related injury on X. The mechanism of injury was described as X. The patient incurred a strain on the muscle, fascia, lower back tendon with chemical injury as to being exposed to smoke, fire and flame. The patient climbed over a X ft fence, landed on the other side, inverted X left foot causing immediate onset of non-radiating lower back pain The patient underwent X. The patient is having a X.

On X, the patient presented for a follow-up for lower back pain that is exacerbated with movement, agitation, hypervigilant, easily startled and difficulty sleeping at night. Tenderness noted on X, Left-sided muscle spasm upon palpation. The provider recommended X.
On X, the patient presents for follow up due to X lower back pain and X right shoulder pain. Continues to be agitated and easily startled. Active Range of Motion (AROM) of X degrees; Thoracolumbar side bending AROM of X degrees at Left and X degrees at Right side with X degrees Thoracolumbar

Rotation on both sides. Neurologic status intact, noted with Anxiety. The provider recommends continued X.

On X, the patient presents for follow up due to lumbar and shoulder pain. The patient was noted to have X lower back pain and warmth on right shoulder. The patient continues to take pain medications.
There was an improved active range of motion of X degrees with extension AROM of X degrees on the lumbosacral region. The patient was neurologically intact. The patient continued to be hypervigilant and anxious. The provider recommended X.

On X, the patient presents for follow-up for lumbar strain, stress and adjustment reaction. The patient X. The pain score on both lower back and right shoulder is X. The patient used X. Improvement was noted on left thoracolumbar rotation active range of motion (AROM) from X to X degrees and right side from X to X degrees. The patient was neurologically intact and was pending X. The provider recommends X.

On X, lumbar spine MRI showed X.

On X, the patient presented for follow-up. Noted on X. Lumbosacral pain was at a X with ambulation difficulties. The patient continued with X. There was X degrees flexion AROM, X degrees Extension AROM, X degrees bilateral Thoracolumbar side-bending AROM and X degrees on bilateral Thoracolumbar rotation. The provider recommended X.

On X, the patient presented for an initial evaluation for X of the lumbar area due to a work-related injury on X. The patient had X decreased flexion, extension, rotation of the lumbosacral spine (LS) on all planes. The bilateral Lower extremities with X motor with intact sensation. The patient had paravertebral spasms at X and X. The provider recommended X.

On X, the patient presented for a follow-up. The patient had X. The patient continued with X.

On X, the patient underwent X.

On X, the patient presented for follow-up, X. The patient had X pain score, decreased pain, decreased medication intake and increased spinal mobility. The provider recommends follow up treatment with X.

On X, the patient presented for follow-up, with noted significant improvement after X. There were benefits noted from X.

On X, the patient presented with follow-up. The patient reported sharp pain, X pain score in the lumbosacral region. X noted without significant improvements. There were benefits from X.

On X, patient presented with X pain in lower back. The patient was able to do X of their job due to intermittent pain. There was good toe and heel walking. Flexion, extension, and rotation of the lumbosacral spine was decreased by X to X on all planes.

On X, the patient presented for a behavioral evaluation. The patient reported pain level between X with intermittent flares despite treatment and medication management (mgt). Beck Depression

Inventory II (BDI-II) score was X (mild), Beck Anxiety Inventory (BAI) score was X (minimal range), and Fear Avoidance Beliefs Questionnaire (FABQ) score of X (high) on activity scale and X(low) on work scale.

On X, the patient presented for a follow-up, noted with X low back pain, continues with X. No new acute symptoms were noted. The provider recommended X.

On X, the patient presented for a follow up with continued intermittent pain in X lower back. The pain score was X and was aggravated by bending. There was less tenderness noted on X. The provider recommends X.

On X, the patient underwent X due to strain of muscle, fascia and tendon of lower back.

On X, a provider request was noted from X, MD. The provider is requesting for an X. The provider stated these X. It is noted that the patient X. As per the provider, the provider initially has BDI-II score of X, then scored X after X sessions, scored X(mild) after X sessions. The BAI initial score of X then increased to X after X sessions and a score of X (moderate) after X sessions. The FABQ scores were as follows (Initial Activity scale score of X (high), X (high) after X sessions, X (high) after X sessions and Initial Work Scale of X (low), X (high) after X sessions, and X(high) after X sessions.

On X, the patient presented for a follow up. The provider noted patient still felt the same. There was X pain score in the

low back with significant improvement on physical conditioning with X.

On X, a Denial Determination Letter indicated that the X was non-certified due to the request not supported by the approved guidelines since there we no noted significant improvements of the patient's overall condition. X. The letter indicated the patient X.

On X, an Appeal Determination Letter was completed by X, MD. It stated that prior non- certification of the request for X was appropriate and thus is indicated as upheld. This was based on the patient's clinical findings of X.

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

The Official Disability Guidelines, X. Treatment is not suggested for longer than X weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.

In this case, the patient had X. The clinical records showed the patient was able to X. However, they continued to struggle with injury-related pain as evidenced by increased scores from the following evaluations of: BDI-II from X to X indicating persistent depression, BAI score from X to X indicating moderate anxiety, FABQ X on activity scale and X on work scale that indicates continued fear avoidance and no reduction to mild pain as evidenced by the patient reported a pain score consistent between X despite a variety of pain interventions. The patient has already completed the guideline X. The patient has X. There was a lack of documentation of significant objective gains to support continuation of the treatment beyond guideline recommendations. As such, the X is upheld as not medically necessary.

SOURCE OF REVIEW CRITERIA:

- 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
- ☐ 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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)