



Physio
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Notice of Independent Review Decision

IRO

Reviewer

Report X

IRO Case number: TX X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

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

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

X.

Information provided to the IRO for review

X

Patient clinical history

X, date of birth X, is a X year-old individual diagnosed with depression and anxiety and seeking coverage for X. The claimant was involved in a motor vehicle accident on X. The claimant suffered multiple injuries due to the accident. The claimant had reported symptoms of depression and anxiety. The claimant had been attending X. A current psychological/psychiatric evaluation of the claimant was not included for review.

Per the X Treatment Progress Report by X, MS, LPC-S, the claimant sustained multiple injuries after being hit by a car as X. X, DC, recommended the claimant continue X. Medications included X. On the Patient Pain Drawing, the claimant rated X overall pain at a X, indicating the worst possible pain. The claimant reported pain in X right ankle, the back of X head, lower back, bilateral knees, and down the bilateral legs. Head laceration, hematoma pain extending to the eyes, and neck pain were also noted. On the McGill Pain Questionnaire, the claimant scored a X, indicating X. On the Pain Experience Scale, the claimant scored X, indicating X. On the Quality-of-Life Scale, the claimant rated X at a X. On the Fear Avoidance Beliefs Questionnaire, the claimant scored a X. On the Beck Anxiety Inventory, the claimant scored X, indicating moderate anxiety. On the Beck Depression Inventory, the claimant scored a X, indicating normal levels of depression. The claimant scored a X on the Sleep Questionnaire, indicating moderate to serious sleep disturbances. The claimant had X headaches in the past X months.

The claimant scored X on the Oswestry Low Back Pain Disability Questionnaire. On the Lower Extremity Functional Scale, the claimant scored an X. Treatment goals and techniques were provided for review.

Per the X Response to Denial Letter by X, MS, LPC-S, the claimant continued with ongoing medical care. X had an upcoming X. X also started seeing a neurologist and was attending X. The provider referenced the Treatment Progress Report, highlighting the claimant's noted financial issues, high pain levels, and emotional disturbances. The claimant's medical diagnoses included post-concussional syndrome; unspecified fracture of shaft of right fibula; sprain of unspecified ligament of right ankle; strain of unspecified muscle and tendon at ankle and foot level, right foot; sprain of unspecified site of left knee; sprain of ligaments of lumbar spine; and strain of muscle, fascia and tendon of lower back. The claimant participated in X.

Of note, the requested X was denied by utilization review as there were no current significant objective functional limitations present from a psychological basis to support X.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

X, date of birth X, is a X individual diagnosed with depression and anxiety and seeking coverage for X. In this case, continuing individual X is not supported as medically necessary. The available records did not include an updated X as requested. Per the Official Disability Guidelines, X. However, in this case, it is unclear what functional limitations are currently X. Therefore, it is this reviewer's opinion that medical necessity is not established, and the prior denials are upheld.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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 Focused Guidelines (Provide A Description)