

True Resolutions Inc.
Notice of Independent Review Decision

True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.com

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

True Resolutions Inc.
Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was in a X. The diagnosis was strain of muscle, fascia and tendon of lower back; strain of muscle, fascia and tendon of at neck level; strain of muscle, fascia and tendon of unspecified wall of thorax; and strain of muscle, fascia and tendon at shoulder and upper arm level of right arm.

No office visits by the treating provider or recent imaging were available for review.

On X, a Behavioral Evaluation and Request for Services (X) by X, MA, X, PhD, and X, MD was documented. X sustained a work-related injury on X while working as X. X reported X was not working at the time. X reported X was in a X. X reported seeing Dr. X and Dr. X for X work-related injury. X reported that X had received several levels of treatment including: X. X reported that the X did not help and that X felt worse after the X. X reported X X was in X. Since the work-related injury, X psychophysiological condition had been preventing X from acquiring the level of stability needed to adjust to the injury, manage X pain more effectively, and improve X level of functioning. X psychological symptoms appeared to be marked by the following: frustration, sadness, hopelessness, insomnia, irritability to get pleasure out of life, crying episodes, motivation decrease, boredom, inability to relax, muscle tension, fear of re-injury, and increased concerns about physical health. X reported during the interview that the primary location of X pain was in X whole back and lower back. X used the following words to describe the pain which X experienced since the injury: constant, burning, dull, sharp, throbbing, and aching. X rated X pain level at an "X" (based on the VAS scale from X) on an average day. X reported that X pain at times could flare up to a level "X"

True Resolutions Inc.

Notice of Independent Review Decision

(based on the VAS scale from X) on X worst days, and get down to a level "X" on X best days. Activities that X reported increased pain included: lifting, pushing, pulling, sitting, standing, walking, bending, lying down and grocery shopping. The only thing which X reported decreased X level of pain was stretching. X reported that pain interfered in X daily life, and X needed to take lots of breaks and was unable to do certain things. X reported sleeping about X hours per night but broken sleep. X reported having difficulty staying asleep. X reported resting a lot and took X hours naps. X reported physical activity about X hour per day and used the treadmill, steps, and stretching. X reported that the more active X was, the more X pain seemed to increase. X reported X was unable to play basketball, do outdoor chores, go to the gym and work out fully due to X work-related injury. X reported that X biggest worry was "my back". X expressed a desire to learn how to manage and lower X pain and get back to work. On the Beck Depression Inventory II (BDI-II), X scored an X within the mild range of the assessment. On the Beck Anxiety Inventory (BAI) X score a X, within the moderate range of the assessment. The Screener and Opioid Assessment for Patients in Pain-Revised (SOAPP-R) score was X, indicating a high risk for abuse of prescribed narcotic pain medications. The Fear Avoidance Beliefs Questionnaire (FABQ) revealed the following scores: work scale X (high) and activity scale X (high). On mental status examination, it was noted that X was late for this appointment. X ambulated without assistance. X was an X of medium height and thin build. X appeared neat and clean and seemed younger than X stated age of X. X was cooperative, open, and friendly during the interview. X seemed oriented in all spheres. This interview was conducted in English which was X native language. X speech was normal in speed and soft in volume. Thought processes were coherent and goal-directed. Mood seemed depressed. X became emotional during the interview. X affect was congruent to mood. X displayed good eye contact during the interview. In summary, the pain resulting from X injury had severely impacted normal functioning physically and interpersonally. X reported frustration and anger related to the pain and pain behavior, in addition to decreased ability to manage pain. Pain had reported high stress resulting in all major life areas. X would benefit from a course of pain management. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting X

True Resolutions Inc.

Notice of Independent Review Decision

daily functioning. X should be treated daily in a pain management program with both behavioral and physical modalities as well as medication monitoring. The program was staffed with multidisciplinary professionals trained in treating chronic pain. The program consisted of, but was not limited to X. These intensive services would address the ongoing problems of coping, adjusting, and returning to a higher level of functioning as possible. X underwent a functional capacity evaluation (FCE) by X NASM-CPT on X. The purpose of this Baseline Functional Capacity Evaluation was to determine X overall musculoskeletal and functional abilities as it related to the physical demands outlined by the United States Department of Labor in the Dictionary of Occupational Titles. X material handling abilities were as follows: bilateral lifting X pounds, bilateral carrying X pounds, bilateral shoulder lifting X pounds, pushing X horizontal force pounds, and pulling X horizontal force pounds. This job specific evaluation was performed in a 100% kinesio-physical approach and X demonstrated the ability to perform 16.0% of the physical demands of X job as a X. The return-to-work test items X was unable to achieve successfully during this evaluation included: occasional squat lifting, occasional power lifting, occasional shoulder lifting, occasional bilateral carrying, occasional unilateral carrying, occasional pushing, occasional pulling, gross motor coordination, fine motor coordination, simple grasping, firm grasping, pinching, squatting, sustained squatting, kneeling sustained, kneeling repetitive, walking, forward reaching, above shoulder reaching, stair climbing, static balance up off of the ground, dynamic balance up off of the ground, and sitting. It was noted that X demonstrated the ability to perform within the LIGHT Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X jobs demand category. Based on sitting and standing abilities, X may be able to work full time within the functional abilities outlined in this report. X job as a X. During objective functional testing, X demonstrated consistent effort throughout X of this test which would suggest significant observational and evidenced based contradictions resulting in consistency of effort discrepancies, self-limiting behaviors, and/or sub-maximal effort. The overall results of this evaluation do not represent a true and accurate representation of X overall physical capabilities. The functional results of this evaluation represent a minimal level of functioning

True Resolutions Inc.

Notice of Independent Review Decision

for X. During objective functional testing, the items that were inconsistent resulting in self limiting behavior / sub-maximal effort included right hand grip strength inconsistencies, left hand grip strength inconsistencies, right five span grip inconsistencies, left five span grip inconsistencies, right five span versus right grip inconsistencies, left five span versus right grip inconsistencies, right hand pinch strength inconsistencies and left hand pinch strength inconsistencies. Throughout the functional testing, X reported reliable pain ratings X of the time which would suggest that pain could have been considered a limiting factor during functional testing. During this evaluation, X was unable to achieve X of the physical demands of X job/occupation. The limiting factor(s) noted during these objective functional tests included: X terminated, compensatory techniques and increased pain.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD as not medically necessary or appropriate. Rationale: "The ODG guidelines recommend this for the individuals who have a chronic pain syndrome, with evidence of loss of function that persist beyond X and where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function, and return to work, decreased utilization of the health care system), and for individuals with conditions that have resulted in "Delayed" recovery. In this case, the UR dated X denied the requested program documenting that the individual had X. There was also consideration about the recent evaluation noting MMI on X. The updated records still lack the elucidation about the above facts to make an exception to the UR denial. As such, the decision of denial remains firm. Therefore, the request is not medically necessary or appropriate."

Thoroughly reviewed provided records including provider notes and peer reviews.

True Resolutions Inc.

Notice of Independent Review Decision

Patient with extended recovery from pain issues that has persisted despite multiple levels of treatment. Patient has noted X. Despite noted potentially reaching MMI on X, the request does meet cited ODG criteria. 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 with extended recovery from pain issues that has persisted despite multiple levels of treatment. Patient has noted X. Despite noted potentially reaching MMI on X, the request does meet cited ODG criteria. X is medically necessary and certified

Overtured

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE