C-IRO Inc.

Notice of Independent Review Decision

C-IRO Inc.
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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)

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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 who was injured on X. X sustained a work-related injury to multiple body parts. X was in a X. The diagnosis was sprain of ligaments of cervical spine, acute post traumatic stress disorder, and strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg.

On X, X, MS, LPC-S wrote a response / appeal letter and documented that there were several items which needed to clarified in addressing this denial of the requested X. X office attempted to call physician advisor for the peer to peer however was not successful, so they missed the opportunity to discuss their rationale. They understood that X may be outside of the recommended guidelines, they were making every effort to continue service. To date, X had participated in X since X initial diagnostic interview completed in X. Their office additionally billed X. With the information summarized in the treatment progress report / discharge summary (TDI) dated X, they believed that X met medical necessity, as X continued with ongoing medical care, X continued to see X, DNP – X for X. Nurse practitioner, advised continued X to monitor compliance of X medication. X was taking the following X. X also continued to take the following pain medications, prescribed by X primary care physician for X work injury which include X. X were emotional distress, financial and vocational (X is working full time). (As further summarized in the Treatment Progress Report X did have emotional distress diagnosis (PTSD) and had worked vigorously during the program to get mentally and physically stronger. X met others within the program who allowed for X to open up in group about X injury. X was able to identify

triggers associated with anxiety related symptoms and flashbacks which interfered with X sleep (X reported while in program, X always thought about how X injury occurred). They would encourage X to further utilize learned coping skills in order to minimize X triggers in order to process past memories /triggers that brings up past events from the traumatic event from X work Injury (this would apart of focus in this next treatment phase). Of worth mentioning, X was impacted by a Hurricane recently and was currently experiencing increased stress, and depression which had exacerbated X diagnosis of PTSD. Next treatment goals for X. Literature supported there were six major patient variables that included social support, problem complexity and chronicity, personality reactivity and coping styles and treatment setting.

On X, X, MA, LPC documented a Treatment Progress Report / Discharge Summary Report. X had completed first treatment phase of X. X did have an impairment rating completed in X, X received a X impairment rating. X continued with headaches. X had received X to X right buttocks. X had received a X impairment rating by another doctor; however, X attorney did not agree. In X, there were no significant changes in overall symptoms. A neuropsychologist had recommended X (a referral was sent). X also had received another X. X was advised to continue X X appointments. X had completed a physical reassessment on X. X had undergone X. Throughout X time in the program, X had been able to improve X overall performance using the workplace simulation for overhead activities and had been able to complete longer periods of continuous overhead work. X continued to show physical improvements throughout X time in program. X had proven adept at functioning within a group setting, displaying only mild signs of PTSD symptoms during group exercises and activities which X adeptly managed. X had made meaningful progress during attendance of the X. X had a decrease in reported pain symptoms and was learning to adapt by increasing X tolerance to activities and new way of learning how to adjust to X limitations. X had participated in X. On Patient Pain Drawing, X rated X pain level of X, indicating somewhat severe pain. On Pain Experience Scale, X scored X, indicating moderate amounts of emotional distress when X pain was at its worst. X “very often” felt frustrated / irritable, depressed, anxious, and afraid X pain would get worse and wonders how long this

would last. On McGill Pain Questionnaire, X scored X indicating severe-debilitating pain episodes. Neck Pain Disability Questionnaire revealed score of X, indicating moderate perception of disability and functioning. Lower Extremity Functional Scale revealed score of X indicating moderate severity of X lower extremity. On Fear Avoidance Beliefs Questionnaire, X scored X, suggestive of low levels of avoidance and fear related to X work-related injury and the impact of pain on X current level of physical functioning. Beck Depression Inventory score was X, indicating moderate depression level. Beck Anxiety Inventory score was X indicating moderate level of anxiety. Sleep Questionnaire score was X indicating moderate sleep disturbances. It was recommended that X continue to participate in X. X was also recommended to participate in X.

On X, X, PhD performed neuropsychological evaluation. On behavioral observation, X was dressed casually. X arrived approximately a half hour early to X scheduled appointment. X was unaccompanied to the appointment. X drove X the appointment. X appeared to have no difficulty providing detailed information regarding X condition and autobiographical information. X had no apparent difficulty recalling the details of X work-related injury that occurred on X. X mood was depressed but slightly aloof as X had difficulty understanding and accepting the reason for X appointment. This was explained to X in detail. X affect was congruent. X approach to test taking was slow Breaks were offered to X and X took X brief breaks which were not always appropriately timed. X often merely got up and walked out of the room, stating “I’ll be right back” as X left. X took approximately X minutes for lunch. X became visibly upset when recalling the details of X date of injury. Before X started talking, X asked if X was going to be recorded. X expressive and receptive language varied. Sometimes X speech was easily understandable and there appeared to be no difficulties. Other times X appeared to be very confused and asked questions like, "What do you want me to put?" X understood jokes, slang, and expressions. X indicated X understood this was a "forensic evaluation" and that the results of this exam would form my opinions as a part of the report. However, X had difficulty understanding that X would not get a copy of the report. X was oriented to time, place, person, and situation. X often interrupted the examiner. X was marginally cooperative with

examination. X thought processes seemed rationale, with no signs of delusional beliefs, perceptual distortions or dangerous impulses. Although X X. It was opined that X did not develop or suffer any neuropsychological disorder / impairment as the result of X X occupational injury on X. Although test results showed several areas of decline from estimated premorbid functioning, X performance existed mostly within the low average range. Further due to X multiple failures on other measures, X performance on this neuropsychological battery could not be interpreted accurately or reliably. Therefore, it was opined that X had been at clinical maximum medical improvement (MMI) since X and X was provided X impairment rating.

Treatment to date included X.

Per a peer review and utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Based on the available records, the claimant has X. However, it is unclear from available records, if the claimant has previously attended any X. Further, there is no documented failure of ongoing medication management. As such, the request is not certified. Therefore, the request for X is non-certified."

Per a peer review dated X and reconsideration / utilization review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non certified. As per the Official Disability Guidelines, X. X seem to be less effective and should only be considered or added as a second-line option. Regardless of types of exposure, providers should explain to all patients with PTSD the range of available and effective therapeutic options. Up to X visits over X weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of X. X

has been possibly as effective as other treatments in some studies but not others. (2) X and X may also be considered. (3) Patient education is recommended as an element of treatment for all PTSD patients. (4) X. (5) X. Based on the medical records reviewed, the claimant participated in X. Documentation shows moderate symptom improvement during this timeframe, with some stabilization in mood and functional advancements, such as engaging in volunteer work and starting a new job. However, there is a lack of sufficient documentation regarding the total number of completed sessions and their effectiveness. The utilization review dated X pointed out that the claimant's previous X and progress are unclear, complicating the assessment of the current request. Although the claimant has shown partial improvement, particularly in managing anxiety and depressive symptoms, recent evaluations reveal persistent moderate symptoms, including anxiety, sleep disturbances, and suicidal thoughts. The records do not clearly indicate whether the claimant has achieved meaningful, sustained improvement, which is essential for justifying the continuation of X. According to the ODG, treatment should only continue if progress is documented, and treatment failures should lead to the exploration of alternative strategies. The claimant has been X. While X is appropriate as a second-line option, the ODG suggests that X, especially trauma-focused interventions, should be prioritized. However, better coordination between X is necessary, particularly since the records indicate the need for medication adjustments. ODG specifically recommends X. It remains unclear whether these evidence-based therapies have been thoroughly pursued or if the current treatment plan aligns with these recommended modalities. The request does not clarify whether X. Thus, the prior denial dated X for the same request remains unchanged, as the available records do not clarify whether the claimant previously attended any X. Additionally, there is no documented failure of ongoing medication management. Considering all these factors, the appeal request for X is not certified."

Claimant has a listed diagnosis of posttraumatic stress disorder, acute and major depressive disorder. Based on records X completed X. ODG allows for up to X sessions of X is identified. Claimant's X measures generally fell within the moderate range, and was assessed to have mild to moderate improvement since

the initial session. It is unclear as to when this progress occurred, as the original evaluation of symptoms was not provided. The Neuropsychological evaluation completed in X, included a conclusion that Claimant's X measures included failed X. Conclusion was that claimant has met maximal medical improvement. Previous assessments also included MMI at the time of assessment or by X. Based on the number of completed sessions, no identified recent progress (i.e., progress overall, but no identified progress within the last few sessions), and the assessment by multiple providers for MMI, the denial of the X is upheld. X between X and X is not medically necessary and non-certified

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

Claimant has a listed diagnosis of posttraumatic stress disorder, acute and major depressive disorder. Based on records X completed X. ODG allows for up to X is identified. Claimant's X measures generally fell within the moderate range, and was assessed to have mild to moderate improvement since the initial session. It is unclear as to when this progress occurred, as the original evaluation of symptoms was not provided. The Neuropsychological evaluation completed in X, included a conclusion that Claimant's X measures included failed validity measures and elevated concern for malingering or feigned and/or poor effort. Conclusion was that claimant has met maximal medical improvement. Previous assessments also included MMI at the time of assessment or by X. Based on the number of completed sessions, no identified recent progress (i.e., progress overall, but no identified progress within the last few sessions), and the assessment by multiple providers for MMI, the denial of X is upheld X is not medically necessary and non-certified

Upheld

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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)