

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

Amendment X

IRO REVIEWER REPORT

Date: X;Amendment 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:

True Resolutions Inc.

Notice of Independent Review Decision

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was X. The diagnosis was contusion of other part of head, post concussional syndrome, tinnitus of unspecified ear, and post-traumatic stress disorder, unspecified.

On X, X, LMSW / X, MS, LPC-S performed a Functional Restoration Program (FRP). X completed X recently in X. It was noted when X began the program X lift from floor was at X pounds, and it was also noted that X was experiencing other pain and discomfort throughout X upper extremities bilaterally, as well as increased tension in X cervical region and into X ears. Upon completion of X set of X had improved X lift from floor to X pounds. X had also expressed feeling less pain symptoms. When X began the program, X was having difficulty with X overhead lift as well as continued overhead work primarily due to increased cervical pain

True Resolutions Inc.

Notice of Independent Review Decision

and tightness. When X began the program, X overhead lift was at X pounds and when X performed that lift, X would complain about increased pain symptoms into X shoulder and cervical area. X ongoing overhead lift was at X pounds and X had been able to successfully attempt a complete overhead lift during X time in the program, because X previously had several failed attempts. When X began the program, X was tasked with a workstation workplace simulation where X needed to complete several minutes of continued overhead work. When X began the program, X was unable to complete X minutes of continuous overhead work. X had increased symptoms and physical weakness. Throughout X time in the program X had improved X posture, which had increased X functional range of motion and that had helped X when X attempted the workplace simulation for continuous overhead work and was able to complete up to X minutes without any symptoms flaring up. X began the program; X was having difficulty understanding instructions to complete a task and needed several reminders throughout the activity. X was unable to complete simple skills activities such as word searches or crossword puzzles within X allotted time for those activities. X had undergone X. X had made meaningful improvements. This treatment team had encouraged utilization of increasing the frequency of assertive behaviors in becoming more active in managing X life to avoid regression and assuming the disabled role. It was documented to be some increase in X activities of daily living. X was learning to cope better with X pain condition and was learning a new form of pace. X self-reported scores were

True Resolutions Inc.

Notice of Independent Review Decision

continuing to improve as X was learning to adapt by increasing X tolerance to these activities and a new way of learning how to adjust to X limitations so X could perform X activities of daily living and return to gainful employment. Overall, X had made progress in understanding how X physical symptoms were affected by daily lifestyle choices. X had been introduced to new appropriate coping skills to manage severe fluctuations of both physical and emotional symptoms and was encouraged to use these learned skills daily while attending the program in order to complete the X hour days. During X, X had been provided with four daily X. X participated in occupational / vocational / education group discussions. X had also participated in Medial / Physical Management group discussions. X had participated in Behavioral Care and psychosocial group discussions. On Patient Pain Drawing, X reported a pain level of X, indicating moderate severity. X had tinnitus, loss of hearing, headaches, vertigo, aching pain in X left eye and nose. X also got dizzy when reading. X also had aching pain in X neck. Pain Experience Scale score was X, indicating moderate amounts of emotional distress when X pain was at its worst. McGill Pain Questionnaire score was X, indicating mild pain episodes. Fear Avoidance Beliefs Questionnaire score was X on the physical sub scale and X on the work sub scale. Beck Depression Inventory score was X indicating mild depression. Beck Anxiety Inventory score was X indicating mild anxiety. Sleep Questionnaire score was X indicating moderate-serious sleep disturbance. On Head Impact Questionnaire score, X described X symptoms as moderate,

True Resolutions Inc.

Notice of Independent Review Decision

tiring, sharp, aching, punishing, discomfoting, annoying, miserable, throbbing, exhausting, spreading, crushing, taught, worrying, nauseating, and distressing. On PCL-X, X score was X. After X, X had maintained a positive mindset and believed the program had allowed X to establish a daily routine and begin constructing daily activity goals. The concept of mind / body connection was processed, and X was able to identify any ongoing negative thinking patterns / coping skills which may act as a barrier towards effectively managing X work-related physical symptoms, sleep, or affect. X was instructed to and had increased use of passive modalities (heat, ice, rest, and massage) as well as a variety of alternatives and / or holistic methods. It was documented to be some increase in X activities of daily living as X was learning to cope better with X pain condition and was learning a new form of pace, as well as modifying X daily tasks. Other relaxation skills of meditation techniques, deep breathing relaxation, aromatic therapy (essential oils), making personal art and listening to music had all been noteworthy benefits in relieving X stress response. X had been able to relate to others who also had chronic pain and felt the program allowed for a connection among peers which X appreciated. X had modified X eating behaviors to better X health. X had implemented better eating habits and states X had been a bit more motivated to be more physically active. X reported feeling a desire to cook more, complete daily tasks, and socialize with others. X would be encouraged to practice assertiveness skill development in order to increase confidence in continuing X occupational goals during

True Resolutions Inc.

Notice of Independent Review Decision

X participation in X within X ongoing physical parameters of Light physical demand level (PDL). The recommendation was for X.

On X, a X was performed by X, PT, MBA, ATC to evaluate general functional tolerance to activity and position, validity of effort, and physical demand category. Based on consistencies and inconsistencies when interfacing grip dynamometer graphing, resistance dynamometer graphing, heart rate variations, and weights achieved, and selectivity of pain reports / pain behaviors. X grip dynamometer graphing indicated consistent physical effort. X worked as a X. X pre-injury job involved X. On X was X. X stated X was required to undergo open nose surgery. As a result of X injuries, X also reported having hearing loss left ear and vision difficulties on left. X continued to be under the care of a neurologist, a neuropsychologist and a psychiatrist. X was undergoing counseling and had returned to work with the same employer but at the time working with adults. X had completed X. X pre-injury job was at the Medium physical demand level (PDL) (X pounds) and required continuous sitting, carrying, stair climbing and handling. Frequently lifting, standing, walking was required and occasionally X was required to push, pull, balance, kneel and reach. X lifting capacity from the floor was (X pounds Light PDL). There was no change from initial functional capacity evaluation on X. X knuckle to overhead lift remained at X pounds and X shoulder level to overhead level lifting increased from X pounds to X pounds. X did experience right-sided cervical spine

True Resolutions Inc.

Notice of Independent Review Decision

pain with overhead lifting. X was able to tolerate X minutes of walking / compared to X minutes on previous FCE. X completed X minutes of standing and X minutes of sitting. X again had difficulty and or increased symptoms with overhead work, carrying, reaching, pushing / pulling and handling tasks. X again did not meet job demands lifting, carrying, handling overhead reaching and forward reaching. X completed the kneeling task but complained of increased left ankle and left knee symptoms. X did not meet job demands for kneeling. A job simulation circuit was designed based on X critical job tasks and X completed the job simulation circuit but experienced increased symptoms in cervical spine, knee, arm and hand. X completed the cardiovascular treadmill testing with a fitness level score of good. X was recommended X.

Per an undated Physical Summary for X, X, MD documented that Since attending the X, X had been working towards X physical goals to include increased muscular strength and endurance, with diminishing pain symptoms as well as working on short term memory recall and cognitive skills. Throughout X time in the program X had shown improvement in focus and retaining information as well as short-term memory recall. Throughout X time in the program, X had continued to make progress towards X physical goals and had expressed X excitement and motivation to continue the program since it had been so beneficial to X overall progress. An X is being recommended.

True Resolutions Inc.
Notice of Independent Review Decision

An MRI of brain dated X revealed X.

An MRI of brain dated X revealed X. There was evidence of X noted. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Per ODG by MCG, Chronic Pain Programs for Pain, Last review/update date: X, “Total treatment duration should generally not exceed X. (1) If treatment duration more than X weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).” Based on the evidence, this claimant is diagnosed with head contusion, post concussional syndrome, and tinnitus. Prior treatment has included X. In this case, the treating provider has recommended an X. Although the claimant has made improvement, there is no record of specific functional objectives for an extended treatment course or of a reason why improvements could not be achieved in the context of a home exercise program or other treatment outside of the Functional Restoration Program. This

True Resolutions Inc.

Notice of Independent Review Decision

request is not shown to be medically necessary and is thus not certified.”

Per a response to denial letter dated X, X, MS, LPC-S documented that to clarify, X had X. They understood that the request was outside of Official Disability Guidelines (ODG), however this treatment team continued to recommend that X had an opportunity to progress into another phase of program as X had been working with X but was struggling with X daily work duties due to X head injury and hearing loss. X was working at the time as a case worker assistant, which required X X. X aspired to get certified as a X, but X had to discontinue the training X found it was becoming too physically demanding for X to handle. Since the program, X had felt more positive about X job duties and felt that X had better memory recall and felt X was thinking clearer. Not only had X made cognitive and physical improvements, but X had also made improvements in X affective symptoms. The next phase of the program would focus on improving areas of cognition, such as memory, attention, problem solving, organization, and executive function skills. X would like to continue with an X. X would allow for specific concentration of physical and psychosocial education to manage X functioning in movements to complete daily tasks to build more strength, tolerance to sustained activities, and proper body mechanics, which would allow for X to feel confident to manage X expected work duties. The treatment intervention would continue to augment recovery by addressing psychosocial stressors,

True Resolutions Inc.

Notice of Independent Review Decision

establishing resiliency, addressing psychological distress associated with post-concussion syndrome and work status, increase X coping skills regarding current situation, and address any possible unrealistic beliefs about X daily functioning. X had benefitted from complementary approaches including supportive therapy, problem-solving therapy, and relaxation therapies. X should be reassured that X symptoms can be managed, X could engage in daily activities, and X could achieve better quality of life. As documented, X had chronic pain as a result of the work injury of X and had been diagnosed with contusion of other part of head, post concussional syndrome and tinnitus of unspecified ear. To sum up, a simplified summary chart dated X titled "X" has again been provided for review. These were aligned with X pain symptoms and affective functioning, functional restoration, reduction of fear avoidances / perceived disabilities, medication management and extinction (X was taking the following pain medications: X. These goals were measurable with interim assessments to note X progress or regression. This program would emphasize the importance of function over the elimination of pain. X had been utilizing educational tools and various coping mechanisms into X physical routine while attending the program to minimize X pain levels. Additional days with continue to help build strength and reduce fear of tasks that might exacerbate X symptoms along with helping overcome psychological issues resulting from X injury. The treatment plan would incorporate components of exercise progression with disability management and psychosocial intervention.

True Resolutions Inc.

Notice of Independent Review Decision

Per a reconsideration / utilization review adverse determination letter dated X by X, PhD, the appeal request for X was upheld. Rationale: "ODG by MCG Last review/update date: X, X. Physical Medicine, Other "Conditionally Recommended-CR Recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Treatment is not suggested for longer than X weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Per ODG, "Treatment is not suggested for longer than X weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." While X are a first-line intervention for symptoms and concerns as those experienced by the patient in this case, the patient has already been approved for X. The additional hours requested would exceed the quantity limitations defined by ODG. This reviewer's impression is that the request is not reasonable or medically necessary. Therefore, the request for X is upheld and non-certified."

Per ODG by MCG, Chronic Pain Programs for Pain, Last review/update date: X, "Total treatment duration should generally not exceed X weeks (X), X. (1) If treatment duration more than X weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans

True Resolutions Inc.

Notice of Independent Review Decision

explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).”

Per the provider’s response to the denial: Since the program, X had felt more positive about X job duties and felt that X had better memory recall and felt X was thinking clearer. Not only had X made cognitive and physical improvements, but X had also made improvements in X affective symptoms. The next phase of the program would focus on X. X would like to continue with an X. X would allow for specific concentration of physical and psychosocial education to manage X functioning in movements to complete daily tasks to build more strength, tolerance to sustained activities, and proper body mechanics, which would allow for X to feel confident to manage X expected work duties. The treatment intervention would continue to augment recovery by addressing psychosocial stressors, establishing resiliency, addressing psychological distress associated with post-concussion syndrome and work status, increase X coping skills regarding current situation, and address any possible unrealistic beliefs about X daily functioning.

ODG requires a very specific explanation of why the expected improvements could not be accomplished without an extension and the specific individualized plan of care. There was no identification of why a lower level of care/treatment (i.e.,

True Resolutions Inc.

Notice of Independent Review Decision

individual therapy and in-home exercise plan) would not be a sufficient treatment for the ongoing concerns. The claimant was described as making notable improvements in physical and mental areas, with concerns related to ongoing psychosocial factors. It appears as though many of these factors were addressed during the first X hours of treatment and the X would be a continuation of these services; there is not a clear distinguishment between what has been accomplished and the continued treatment plan. Based on these factors the previous denial is upheld. 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:

Per ODG by MCG, Chronic Pain Programs for Pain, Last review/update date: X, "Total treatment duration should generally not exceed X weeks (X), X. (1) If treatment duration more than X weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed)."

Per the provider's response to the denial: Since the program, X had felt more positive about X job duties and felt that X had

True Resolutions Inc.

Notice of Independent Review Decision

better memory recall and felt X was thinking clearer. Not only had X made cognitive and physical improvements, but X had also made improvements in X affective symptoms. The next phase of the program would focus on improving areas of cognition, such as memory, attention, problem solving, organization, and executive function skills. X would like to continue with X. Additional FRP would allow for specific concentration of physical and psychosocial education to manage X functioning in movements to complete daily tasks to build more strength, tolerance to sustained activities, and proper body mechanics, which would allow for X to feel confident to manage X expected work duties. The treatment intervention would continue to augment recovery by addressing psychosocial stressors, establishing resiliency, addressing psychological distress associated with post-concussion syndrome and work status, increase X coping skills regarding current situation, and address any possible unrealistic beliefs about X daily functioning.

ODG requires a very specific explanation of why the expected improvements could not be accomplished without an extension and the specific individualized plan of care. There was no identification of why a lower level of care/treatment (i.e., individual therapy and in-home exercise plan) would not be a sufficient treatment for the ongoing concerns. The claimant was described as making notable improvements in physical and mental areas, with concerns related to ongoing psychosocial

True Resolutions Inc.

Notice of Independent Review Decision

factors. It appears as though many of these factors were addressed during the first X hours of treatment and the X; there is not a clear distinguishment between what has been accomplished and the continued treatment plan. Based on these factors the previous denial is upheld. X is not medically necessary and non-certified.

Upheld

True Resolutions Inc.
Notice of Independent Review Decision

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

True Resolutions Inc.

Notice of Independent Review Decision

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE