

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X.

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X with a date of injury of X. The mechanism of injury was reported as burn injury. The patient was employed as a X. X reported noticing black smoke at X feet and felt an intense heat with fiery discharge at X back. The patient was able to go to a safety shower to flush any remaining discharges, but X passed out. The patient stated that X was awakened a X later after an induced coma. It was reported that X suffered X.

On X, the patient was seen for X. The examiner noted that the patient's affect was progressively more distressed as X

discussed the effects the injury have had on X wife and children, with one incident of tears. The patient noted that X pain continues to become overwhelming at times along with recurrent difficulties with sleep disorder due to pain and anxiety. X endorsed continuing problems with resting no more than X hours at a time and nightmares about X times per week typically making X insomniac for the rest of the night following the episodes. The patient described a growing onset of anxiety and depression around twilight, deepening through the evening, with increasing difficulty hiding it from X family with incidents of weeping. X reported taking X which had increased from X mg to X mg. According to the examiner, the patient's X. It was also noted that there are also distinct indications of X. The patient's psychiatric condition was reported as to be in X. It was stated that X condition was mentally and emotionally debilitating, in which X lacks the psychosocial resources to cope successfully with increasing levels of distress. The provider recommended starting X.

Based on the most recent submitted individual X session dated X, the session was focused on supporting training in rehabilitation coping skills, with an emphasis on training in pain and stress management, utilizing self-calming modalities, biofeedback, and clinical hypnosis. Cognitive - behavioral interventions were used to counter tendencies to work against proper rehab efforts. Behavioral contracting was also utilized to increase daily recovery efforts and

improvements in daily health habits that will lead to optimal rehabilitation.

In appeal letters dated X and X, the provider noted that the patient has reached statutory MMI with a X impairment rating. It was noted that the patient has now had X sessions of individual X. The provider mentioned that Dr. X incorrectly states that the patient's symptoms of major depression, generalized anxiety, and posttraumatic reactivity have gone from severe to mild. The provider added that the patient's scores for the symptoms on X measures continued to be in a moderately X. They noted that while the patient has improved significantly from the initial presentation involving severe levels of symptomology, the patient continued to report recurrent episodes or "waves" of X symptoms particularly during periods of sleep disorder or other stressors. The provider stated that the patient's sessions allowed X to continue to gain needed coping skills. The provider noted that the request for X.

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

The Official Disability Guidelines conditionally recommend X. The Official Disability Guidelines criteria suggest up to X. In cases of severe major depressive disorder or post-traumatic stress disorder (PTSD), up to X sessions if progress is being made.

In this case, the patient suffered a work-related injury on X. X had a 2nd and 3rd degree burn injury to X skin (X total BSA). The records submitted for review showed that the patient has had X. Based on the psychotherapy session on X, the patient continued to receive X. In the appeal letters dated X and X, the provider indicated, the patient has already had X. The provider mentioned that the patient has improved significantly from X initial presentation; however, continued to report recurrent episodes of X symptoms particularly during periods of sleep disorder or other stressors. The provider stated that the patient's sessions allowed X to continue to X. An X were requested.

The request for X. The Official Disability Guidelines conditionally recommend X. X has had extensive X; however, still experiencing recurrent episodes of symptoms. The patient should have enough training on X to effectively manage X symptoms. In accordance to the Official Disability Guidelines, the request for X are not recommended. As such, the request for an X is considered 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 Focused Guidelines (Provide a Description)

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)