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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 Overturned Agree in part/Disagree in part

☐ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of injury X.

No Medical records were available for review.

Per a utilization review adverse determination letter dated X by X, MD, the request for prospective request for X was denied. Rationale: "According to the submitted documentation, the request is not warranted. They have already completed a total of X. A prior review on file for X was non-certified as there was no evidence if treatment options were exhausted such as interventional procedures to address the increasing pain. The cited guideline recommends chronic pain program where there is access to programs with proven successful outcomes for patients with conditions that have resulted in delayed recovery. It is indicated for claimants that has a chronic pain syndrome with a complete diagnostic assessment, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, and an adequate and thorough multidisciplinary evaluation has been made with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are

considered components of the patient's pain. Treatment is not suggested for longer than X weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective

and objective gains. Total treatment duration should generally not exceed X. In this case, the claimant underwent chronic pain program but persisted with pain which impaired work, social, and personal functioning as well as depressive

symptoms, anxiety, and fear- avoidance. Their pain was rated at X from X prior the program. The Beck Depression Inventory II (BDI-II) was scored at X from initial score of X which demonstrated minimal depression. The Beck Anxiety Inventory (BAI) was scored at X from X which was in the minimal range. The Fear Avoidance Beliefs Questionnaire (FABQ) physical scale scored at X from X initially and work scale at X from X. Although the clinical findings are acknowledged, justification for additional sessions is not supported as meaningful psychosocial improvements are not evident due to continued symptoms and their increased scores with FABQ. Also, they only had minimal pain which does not indicate that the claimant was significantly incapacitated. There were no extenuating circumstances or compelling reasons documented that would warrant deviation from guideline recommendation. Therefore, the prospective request for X is non-certified."

Per a reconsideration review adverse determination letter dated

X by X, MD, the request for X was denied. Rationale: “Based on the submitted documentation, the request for a X is not warranted. The referenced guideline recommended a chronic pain program for those with delayed recovery who had met all the listed criteria including chronic pain syndrome with evidence of loss of function for more than three months and associated with evidence of the development of

psychosocial sequelae, failure to restore to preinjury function, and no primary diagnosis of personality disorder or psychological condition. The total treatment duration should generally not exceed X hours. In this case, the claimant had pain symptoms, which appeared to be impairing work, social, personal functioning, depressive symptoms, anxiety, and fear-avoidance; however, they completed a total of X hours out of X hours authorized chronic pain program and were making progress in their ability to cope with pain-related symptoms and were willing to participate in group assignments and share thoughts with group members. They had increasing awareness of the thought processes that intensified their emotions, which in turn increased muscle tension and resulted in increased pain levels. Although their symptoms persisted, they became better at identifying and communicating root causes and possible solutions. The prior non-certification in review X on X was based on the fact that justification for additional sessions is not supported as meaningful psychosocial improvements are not evident due to continued symptoms and their increased scores with a FABQ. Also, they only had minimal pain which does not

indicate that the claimant was significantly incapacitated. Due to the previous determination, the provider submitted an appeal letter stating that based on BDI and BAI assessments, the claimant's emotional disturbance seems to have increased, rather than decreased. This is also common during the anticipation of returning to work
sessions. However, a P2P discussion was held stating that the claimant's work status was unchanged and they were still unable to return to work. Furthermore, wrist rotation and grasping of a doorknob remained the same. In terms of reduction in post-treatment care including X. Given the claimant's response to the completed hours of X, the request is still deemed not medically necessary. Therefore, the appeal request for X is non-certified."

Thoroughly reviewed provided records including peer reviews.

While the patient appears to be making some progress with X, peer reviewers are concerned that the patient is not making enough objective improvement towards return to work. However, patient's functional deficits are complex and would not expect improvement in all measures with any intervention. Given that X is helping, but unclear if improvements are significantly helping return to work, continuation us needed. However, the amount requested may be excessive given valid concerns in peer reviews. X is medically necessary and partially overturned to X hours X certified and the remaining X hours noncertified between X and X.

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

Thoroughly reviewed provided records including peer reviews.

While the patient appears to be making some progress with X, peer reviewers are concerned that the patient is not making enough objective improvement towards return to work. However, patient's functional deficits are complex and would not expect improvement in all measures with any intervention. Given that pain management program is helping, but unclear if improvements are significantly helping return to work, continuation us needed. However the amount requested may be excessive given valid concerns in peer reviews. X is medically necessary and partially overturned to X hours chronic pain management program certified and the remaining X hours noncertified between X and X.

Partially Overturned

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